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ABSTRACT

Adjustment to retirement from gainful employment has long been recognized as one of the major adaptive tasks of later life. The degree to which this adjustment is successful often plays a major role in determining the extent to which an individual finds his later years satisfying and rewarding. In a complex technical society retirement does not consist of a relatively simple change in status from the role of worker to that of nonworker, but has important interpersonal and intrapersonal implications that affect the retired person's personal and social existence. This monograph describes the results of a study of compulsory retirement among urban males and females. The data reported are largely concerned with the prediction and nature of responses to the retirement event, and implications of these for the development of preretirement programs. (Author/HMV)

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RETIREMENT

patterns and predictions

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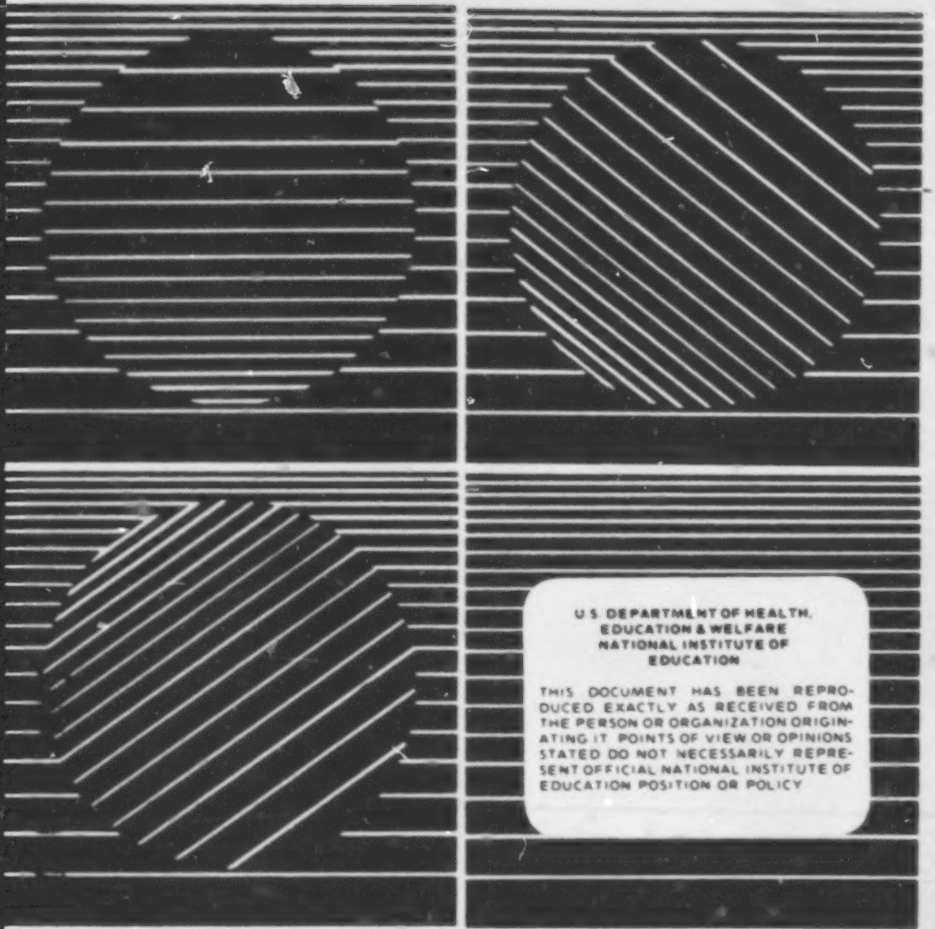

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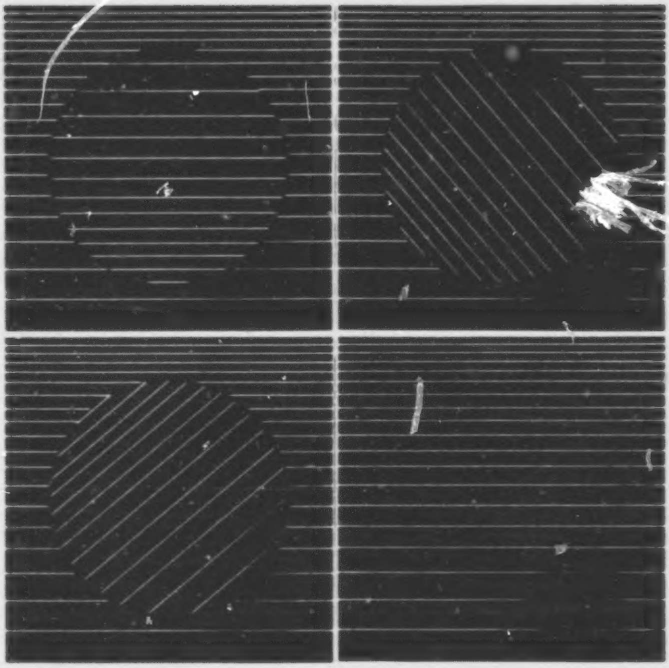
RETIREMENT

patterns and predictions

by

Alan Sheldon
Peter J. M. McEwan
Carol Pierson Ryser



National Institute of Mental Health
Section on Mental Health of the Aging
5600 Fishers Lane
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foreword

Adjustment to retirement from gainful employment has long been recognized as one of the major adaptive tasks of later life. The degree to which this adjustment is successful often plays a major role in determining the extent to which an individual finds his later years satisfying and rewarding. In a complex technological society, retirement does not consist of a relatively simple change in status from the role of worker to that of nonworker but has important interpersonal and intrapersonal implications that affect the retired person's personal and social existence.

The trend toward an increasingly earlier age for retirement places the burden of planning for a growing number of retired persons upon those concerned with the well-being of older people and especially upon those concerned with their mental health. In order to accomplish this, it is necessary to establish a body of knowledge concerning the factors that seem to be associated with patterns of successful retirement, to identify the obstacles that impede a satisfactory adjustment, and, if possible, to become aware of factors predictive of adjustment to retirement. It is only by having such knowledge available that rational and effective programs of preretirement counseling, or postretirement counseling can be established.

The study presented here was conceived with such considerations in mind. Dr. Sheldon and his coworkers produced a vast volume of data upon which this report is based. At the conclusion of the study it was felt that the findings were of such importance and of such general interest that they should be widely published. This was the rationale leading to this publication. It is presented in hope that it will be of interest and of value to all those concerned with planning for and assisting individuals faced with retirement and adjustment to the later years.

THOMAS E. ANDERSON, Ph.D.
Chief, Section on Mental Health of the Aging
Division of Special Mental Health Programs
National Institute of Mental Health

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ALAN SHELDON
PETER J. M. MCEWAN
CAROL PIERSON RYSER

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introduction

In Western civilization the increase in the number of men and women approaching the age of retirement has become a major social issue. Since 1900 the population of the United States aged 65 and over has increased from about three million to nearly 17 million, an increase of 500 percent over a period during which the total population has increased about 135 percent. At the same time as advances in medicine are prolonging life and increasing the health of the living, thus adding to the span of potential working life, progress in technology and pressures from expanding younger age groups threaten to reduce the modal retirement age and to increase the leisure of those still employed.

Factors affecting the attribution of worth by American society to the universe of work and to the human condition of elderliness are undergoing change. Modern Western nations have regarded old people as people who do not work. Since work is commonly thought of as a means for personal as well as social salvation, thereby ranking among the highest goals that life has to offer, to be deprived of work is to lose the opportunity for meaningful living. Hence the expression "retirement" is used without qualification, a life sentence to social death. Moreover the symbols of desired status in old-age differ from those applying to other ages. At 30, for example, to be ill is an inconvenience rather than a source of shame; but at 70, when maladies may be expected, to be ill is to lose status and to be fit is to be admired. There are signs, however, that the attitudes of society in this regard are changing, as exemplified by the increased attention now being given to the ultimate periods in the life-cycle. Indeed, one way in which the roles of the aged may be sanctioned and expanded is through research. This is especially true if there is an applied aspect which may have interest and utility for practitioners and administrators. Another force pulling the attention of society toward the problems of growing old and losing employment may be the growing political strength of the aged, partly because of their numbers but also because of their prolonged vigor. The manner in which role transitions associated with age have been negotiated by industrial societies must surely rank high among their more serious deficiencies.

This monograph describes the results of a study of compulsory urban, male and female retirement. Retirement is defined operationally in this study as the mandatory cessation through age of remunerative full-time employment of a continued kind, or its voluntary premature cessation for reasons other than sickness.

Retirement may be viewed in three ways: as an *event*, occurring at a particular moment, as a *process* stemming from that event, or as the *period* in the life-cycle during which the process develops. Although these differences are important and shall be discussed, the emphasis in this study is on the *process* of adjustment. The data reported in the study are largely concerned with the prediction and nature of responses to the retirement event, and implications of these for the development of pre-retirement programs.

As a major event in the life-cycle, the loss of a full-time occupation affects not only the individual but also many others with whom the individual relates. The family in particular is not only affected by changes in its economic circumstances, but also by the retiree being at home during the day. These factors may affect the family more intensely than they do the retiring individual, and the study explores some of these effects.

The personal losses involved in the role-transition from that of a worker to that of a retired person may encompass a number of different realms. There will be a loss of certain settings in which skills are performed. There will also be financial change, generally but not necessarily involving material loss. These changes are universal and manifest. For most people they are accompanied by a number of additional losses which may have equal or even greater consequence for the individual and the primary groups of which he is a member. Common examples of these consequences would be the loss (a) of a principal source of social contact, (b) of the opportunities to solve problems and the satisfaction of achieving mastery over a task or problem area, and (c) of a major reference group.

It is clearly desirable to determine which functions of the work situation, latent as well as manifest, are important to the individual, and which reside uniquely in work-settings. Several studies have shown that one of the major tasks facing the individual upon retirement is the development of alternative investments and settings in which there may be satisfaction. The problem of retirement then becomes how to make this transfer successfully. Videbeck and Knox (1915) have suggested that there are a limited number of alternative patterns of response available. The study therefore attempts to identify some of these behavioral patterns.

The concept of pattern, as it relates both to variables and to responses, is a useful one for several reasons. First, because the attainment of a pattern becomes clearer as an issue for the individual; second, because a specific pattern may have consequences when contingencies arise which the pattern is not equipped to resolve; and third, because it anticipates the possibility that meaningful wholes may be extracted or identified from interacting parts. For the successful transfer of investment to occur, it is probably not sufficient for appropriate settings to be available. The activity which the person entertains should be valued not only by himself but also by others, particularly his family, and by his peers, his neighborhood, and society in general (Orbach 1963).

Among the factors likely to influence the development of alternatives will be not only the availability of resources in the environment but also the capacity of the individual to be flexible rather than to polarize his needs (Moment 1966; Streib and Thompson 1957; Yarrow 1963). As Donahue and her co-workers (1960) have shown, the task of the retiree is more likely to be achieved if it is recognized, and if it is regarded as being worth the effort to accomplish.

The basic issues seem to be (a) the preparation of alternatives (choosing the pattern), (b) the response to the change and the process of making the transfer, and (c) accommodation to the new pattern (Havighurst 1963). While some people might develop alternatives, their response to change may make the transfer itself difficult, and this may hinder the attainment of the desired post-retiral pattern. But clearly the pattern itself is not simply a function of the individual's own desires and opportunities, but should be responsive to what is valued by others and what is suitable for the household. Problems may arise both in the choice and attainment of an appropriate pattern. It may be that more flexible people tend to have less difficulty in making a successful response to retirement and that, as Donahue, Strieb and others have suggested, people who do not fear change are more successful than people who do. Problems themselves are not indicative of dissatisfaction or pathology, but reflect upon the appropriateness and effectiveness of a course of action. Dissatisfaction or pathology may arise where the problems are severe and where the resources for handling them are inadequate or lacking (McNeil and Griffin 1967). The deficiency may reside either in the individual or in his environmental supports.

Factors likely to be related to pattern choice are the characteristic patterns of activity before retirement and the availability of settings. Factors likely to relate to the development of problems will be the individual's capacity to conceptualize tasks and the support that is available from the family for the pattern. Factors likely to relate to pathology are the severity of the problems, and the capacity of individuals to cope with them.

These issues are discussed at length in subsequent chapters, especially the earlier discussions of the literature and of the theoretical formulations of the study. However the data obtained in the study do not reflect the importance of these topics as much as might be ideal. The difficulties of matching theory to data are discussed in the final chapters of the monograph, which concludes by indicating the relevance of the findings of the study for the design of preretirement programs.

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review of the literature

Retirement is usually a consequence of aging, indeed of having reached a certain age. The event may hasten or retard the aging process, which is both biological and social. The role loss involved in retirement may well be generally overestimated, and working too long may indeed be unfavorable to health, although some studies show that it is still better than not working. While biology determines the aging process, social factors provide much latitude within it for variation—for example, the presence or absence of social supports. At the same time, as the biological process inexorably continues, there is a series of other events occurring in the social sphere which Robert R. Weiss, of Harvard Medical School, described in a personal communication as gaps in the systems of relationships. These include the death of close friends or relatives, moving geographically, and separation from one's children. Weiss suggests that the aging need certain social relationships to keep going and describes these as intimacy, interest, giving nurturance, recognition, and assistance.

As part of the process of aging, the retirement period will be colored by the individual's adjustment to the aging process. This itself is subject to flux and to secular change. The biological aspects of the aging process are affected by increased knowledge and accessibility to resources in nutrition and the treatment of disease. Social changes determine the availability of differing kinds of resources and roles. While there is no doubt that there are more aged than ever and they are in better health, there is some difference of opinion as to the social forces involved in aging and different theories to account for these.

Since its formulation (Cumming et al. 1960; Cumming and Henry 1961), the theory of disengagement has dominated social gerontological research. Substantial research effort has gone into attempts at support or refutation, and despite its merits or demerits it has served as an integrating focal point in what had been a highly diffuse field. While a selection of studies oriented around the concept will be discussed in this chapter, useful reviews of relevant literature can be found in Tallmer and Kutner (1969), Tissue (1968), and Grant Youmans (1969).

Cumming and Henry define disengagement as an "inevitable process in which many of the relationships between a person and other members of society are severed, and those remaining are altered in quality . . . an inevitable mutual withdrawal . . . resulting in decreased interaction between the aging person and others in the social system he belongs to." Disengagement is functional for the individual because it means a realistic acceptance of one's situation and for society because the disengaged person does not perform any useful maintenance function. Besides being the modal response for the aged population, functional for individual and society, the concept of disengagement is also universal and culture free although "the form it takes will always be culture bound." Finally, it is highly relevant to a study of retirement because retirement is "society's permission to disengage."

This formulation has been termed a "scientific revolution" in the sense employed by Kuhn (1968) and Streib (1969). Although this is a misunderstanding of Kuhn's thesis, aspects of the theory were revolutionary in terms of previous conceptions of the aging process. It principally opposed the "implicit" or "activity" theory of aging adopted by Havighurst and Albrecht (1953), Havighurst (1957), Britton and Mather (1958), and the "latent assumption that successful aging consisted in being as much like a middle-aged person as possible." Cumming and Henry (1961) asked why an old person should be expected to have feelings of current instrumentality as opposed to past usefulness.

Most critiques of the theory agree that withdrawal from social involvement takes place during the aging process, i.e., that disengagement in the objective sense occurs. One line of criticism questions its relation to age per se. Tallmer and Kutner (1969), measuring the same three engagement scores, life space, role count, and interaction index, concluded that disengagement can be predicted to occur as a result of physical and social stresses—retirement, widowhood, ill-health—which can be expected to occur with increasing age. Maddox does not think sex, health, abilities, skills, and other relevant variables have been eliminated as significant modifiers of the disengagement process. Disengagement is an artifact of inadequate methodological procedures (Maddox 1964, 1965). Where it occurs it is related to a certain lifestyle and its continuation into old age; lifestyle is the crucial variable rather than aging (Youmans 1969, Zborowski and Eyde 1967; Maddox 1965; Videbeck and Knox 1965; Reichard, Livson, and Peterson 1962).

There are a number of studies which directly contradict the disengagement theory in its original form. Neugarten, Havighurst, and Tobin (1961) and Tobin and Neugarten (1961) found life satisfaction positively associated with the level of social interaction. Lipman and Smith (1968) including the categories of old people excluded by Cumming and Henry, i.e., Negroes, the poor, and those in poor health, found high morale related to engagement rather than disengagement regardless of variations in age, sex, health, income, or race. Carp (1968), applying principles of developmental psychology, points out that aging is the only stage of life where there are no relatively greater satisfactions towards which to work. Citing Maier (1949), she asks if the individual is not placed in a double avoidance conflict which he resolves by disengaging.

There are some indications that subjective disengagement may be functional in extreme old age when physical rather than social constraints force withdrawal and when death is very near (Butler 1963; Youmans 1969). This accords with the prescriptive and philosophical level to which the debate was raised when Cumming and Henry called death the "ultimate disengagement" and said it should be a slipping away, not a "tearing away from the fabric of life."

It appears that most critiques of the theory reject its claim of universality. Most recognize its validity as one of a range of possible responses to aging.

The most trenchant criticisms of the theory of disengagement have been made by A. Rose (1961, 1962, 1965). Apart from the questions of life-style and the relation of morale to disengagement, he considers the theory a poor interpretation of the facts. While society forces disengagement on a large number of people, there are new trends which are a counteracting influence—improved health and economic security, earlier retirement encouraging reengagement, and the growth of a social movement by old people to raise their status and privileges.

Rose stated that a subculture "may be expected to develop within any category of the population when its members interact with each other significantly more than they interact with persons in other categories." Given that this condition is fulfilled when "the members are excluded from interaction with other groups in the population to some significant extent" and "they have a positive affinity for one another on some basis," Rose considers the conditions are present in American society for the development of an aging subculture. Older people, especially those over 65 who are defined as elderly by national retirement policy, are in the process of becoming a social group rather than a demographic category. They are developing an aging group consciousness that is demonstrated in political action and social participation. The significant differentiator between those who engage in subcultural behavior and those who do not will be the nature of previous lifestyle (Videbeck and Knox 1965).

Of the two theoretical approaches, Rose's is potentially the more comprehensive, since it does allow for different types of participation. Empirical studies have shown that some older people withdraw and some are very active, and that within both types there are satisfied and unsatisfied people. (Even Cumming and Henry [1961] have this sort of evidence but they more or less explain it away). Videbeck and Knox (1965) have a paradigm based on their study of aging participation which actually includes both disengagement and aging subculture as two of four functional alternatives for modes of action. However, they made no explicit attempt to reconcile the two theories and contend rather that the modes of participation arise from the historical patterns of interaction of the individual. Rose almost certainly would not object to the suggestion that both "disengagement" and the formation of an aging subculture can exist side by side, but this would considerably weaken his theoretical stand, particularly as he is not willing to say, as Marx did of the alienated worker, that it is inevitable that older people will join together to claim their rights.

Both approaches therefore only account for part of the relevant phenomena and it might be postulated that there is in fact a range of patterns which may be adopted. Problems will then only exist where these patterns are not attained, or where a pattern is not optimal for the individual and the situation in which he finds himself.

There are grounds for applying the concept of alienation, as "a denial, by some aspects of social structure, of the freedom of man to fulfill some of his basic needs" (Bagley 1967) to the social situation of old people. Streib (1969) differentiates retirement as a socioeconomic process from widowhood, a biosocial process, and considers there might be a relationship between disengagement and alienation. Lipman and Sterne (1969) prefer to ask whether disengagement should not more properly be called alienation, and consider the conditions that exist for the emergence of a social movement of the type described by Rose and Peterson (1965) and Schmidhauser (1968). Ellison (1969) examined the relationship between alienation and the will to live, among retired steel workers. Although the variables of social isolation and loss of function were related to poor health, there is evidence that the casual relationship might work either way around (Lowenthal 1964; Schmale 1964), and that therefore the sick role might be adopted as a result of a low will to live.

Lipman and Sterne (1969) and Ellison (1968) have also examined the retired status as an ascribed sick role. The sick role (Parsons 1951) is a "socially legitimated excuse for normatively inadequate role performance," applied to illness and convalescence. Ellison quotes Gordon's (1966) reformulation of the concept into the "sick" and "impaired" role depending on the prognosis of recovery, which is omitted in the Parsonian scheme. Lipman and Sterne argue that retirement marks a culminatory rite of passage through which the individual leaves the adult world and its emphasis on independence—it is terminal because there is no hope of "recovery."

There seems no doubt that many older people need both financial and medical support, although increasingly this is being supplied by formal systems rather than by the family. In addition, there seems general agreement that an adequate variety of roles for the elderly is absent and that in many instances there is no role at all which is valued by the individual and by society with resulting loss of self-esteem and feeling of usefulness. There seems greater differences of opinion about the importance of the nuclear family. Many writers would tend to suggest that the nuclear family has become the major unit of family life, thus disenfranchising the elderly who have no source of both emotional and economic support that they can turn to. However, Litwak (1965) has suggested that this picture is in fact false and that there still exists a variety of the extended family, which he calls the modified extended family. In fact he feels that rather than these functions which once belonged to the family being supplanted by formal organizations, the family and formal organizations now share them. In addition, it may be pointed out that certain crisis functions are perhaps mediated by transitory systems, such as neighbors, as the Useems and Gibson (1960) have noted. Thus there is a secular change toward the differentiation of functions required to support individuals, and allocation of them between the family, transient association, and formal organizations.

Solutions proposed for the problem as formulated have ranged from proposing new roles (Parsons [1951] suggesting the fiduciary or integrative and advisory role) to suggesting that transfer into existing alternatives could be facilitated in middle age (Havighurst 1957). Clearly a problem here would be not only the existence of roles but the extent to which these are legitimized as valid and valued.

However, many of these observations are related to the problems of some people, and it is clear that there is a wide variation. Any role which the elderly might fill has not only to be valued by themselves but also by other generations, and the criteria of success in old age for the elderly includes that of health while health is taken for granted for the younger person.

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3

concepts of retirement

Introduction

Retirement is essentially the cessation of work, although many retirees work part time and some work full time. It also involves a step in the sequence of roles which individuals occupy throughout their lives, of which the occupational roles are only one stream. Like any major reorganization, it is a critical transition which may for some people involve a crisis of reaction. Essentially, retirement involves the loss of the work situation, in which the job itself is perhaps only a small part of what is lost, for many functions are subsumed in the work situation. The process of retirement affects not only the individuals, but many other systems in the individual's life. Thus, retirement is a loss, a change, and a new state. The process involves the preparation of alternatives, the response to change and the process of transfer through the change, and accommodation to the new pattern. The work of retirement is one of redistributing the functions served by work in the systems remaining and adjusting to this redistribution.

The personal losses involved in the role transition from that of worker to that of retired person involve not only the loss of settings in which skills are performed, but concomitant financial changes and a variety of losses which may have equal or even greater consequences for the individual and the primary groups of which he is a member; for example, the loss of a principal source of social contact or of the opportunities for problem solving or of the mastery of resources for problem solving or of a major reference group. Not all work-linked functions are salient to the individual, and it is important to differentiate those unique to the work setting which must continue to be satisfied. Several studies have shown that one of the major tasks facing the individual upon retirement is a development of alternative satisfying investments and settings. The problem of retirement then becomes how to make this transfer successfully. Videbeck and others suggested that there are limited numbers of alternative patterns of response available.

The concept of pattern developed in this chapter as it relates to the alternative ways of solving this problem is useful because it focuses on the attainment of the pattern, particularly as contingencies arise which invalidate a pattern's success. For the "successful" retirement to occur, it is probably not sufficient for mere settings to be available, but the activity which the person entertains must be valued not only by himself but also by significant others, whether these are his family, his peers, the neighborhood, or society in general. A variety of factors will influence the development of pattern alternatives in addition to the capacity of the individual to make the necessary transfers. Among such factors will be the capacity of the individual to be flexible rather than to polarize his needs. (See Streib [1957], Yarrow [1963]). As Donahue (1960) has shown, the task of the retirees is more likely to be achieved if it is recognized as a task and if it is regarded as worth the effort to accomplish. The achievement of a satisfying pattern is not simply a function of the individual's own desires and capacity to handle change but also the settings available to him and the demands made upon him by the social systems in which he finds himself. While problems may arise both in the choice and attainment of an appropriate pattern, such problems are not themselves necessarily indicative of dissatisfaction or pathology but reflect the appropriateness and effectiveness of the course of action chosen. Dissatisfaction or pathology may arise where problems are severe, and where the resources for handling them are inadequate or lacking (McNeil 1967). The deficiency may reside either in the individual or in the environment, or to some extent in both.

Before developing the concept of pattern, a discussion of the meaning of work and its loss, and of the broad impact of this loss seems in order.

Work—What It Means and What Is Lost [1]

Work means many different things to different people. Two men offered the following opinions:

> Oh, I think it's essentially . . . essentially necessary. A man should do something regardless what it is, preferably something he likes but if you don't like it, you've got to develop . . . a half a liking for it because it's the way of life. And then it's a means, to some extent at any rate, of a livelihood. And, if a man lives and has his house, he's got to take care of himself. I mean, it boils down to that in a few words, doesn't it?

* * * * *

> In this kind of work you do, you dream about it at night: cause like if you're designing a machine, "How will I pick this piece up?" you can't help it, thinking about it, even when you go to bed.

It means different things to different people, but also what is important about work is different with different people. Another man expressed it like this:

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[1] The following opinions were expressed to the author in taped interviews with retired persons.

> All the fringe benefits, pension, sickness, master medical plan, Blue Cross/Blue Shield, how can anybody resist a thing like that?

The second man, passionately creative in his approach to exercising his skills, felt that social contact at work was unimportant to him. For the first, who felt "as if I was a square peg in a round hole," work was merely the use of his labor. For this man to go home was a relief. For yet a fourth, work was an opportunity for recognition:

> I had one man tell me when I was leaving, "Well," he said, "You must be one of the most popular employees_____ever had because you are known all over the company from (the boss) down to the guy sweeping the floor," and I was. I had a great many friends as far as I know. I hope I didn't have any enemies.

This man often refused to take vacations in order to remain working, and obtained four extensions when the time came to retire.

For one, work is creative and the exhibition of skill, for another a necessary labor to be compensated for by a vaudeville show, for a third an opportunity for the affirmation of his importance to the world. What do they say about leaving work? What did they miss?

> The feeling that, the activity and the feeling that, you're wanted, you're important to the world or something like that. That's it. I'd only like to do my same type of work again. I've got a promise of a job, that's why I'm so happy today.

* * * * *

> You miss the association, you don't see people anymore. And I didn't realize it at first because I got through . . . I retired very eagerly, because, you know, you're getting older, the demands are just the same as if you were younger . . . Nobody called me up or looked me up in any way, shape or form. I got along ideally with them, the relations were perfect, but I figured that their way of life has changed. And I say to myself, "Well, how many people have you looked up that have retired?" and I say, 'Well, it probably makes sense." I'm out of the frying pan and into the fire, and they're still in the frying pan.

* * * * *

> I think it more or less hurts when you start talking about that it's time to quit. You feel like as though you're being fired for something that you did do or didn't do or something you had done wrong and that is more or less of a feeling that a person gets, but I think the main thing that all people who are going to retire think of is the financial end of it.

(Question: Would you say you really enjoyed going to work?)

> Well, I figured . . . I was in physically good shape, and I got to a point where I liked it. But I will say this, that I think the only reward for working hard, you know, is to do more. I mean you don't lessen the burden working hard, you know, but I got in the groove, as I say, so that it became second nature to me, and I took it in stride. Of course, nights I'd go out when I was a young fellow. I'd go out nights in moderation and enjoy myself, and if there was a bitter pill at

> any time, why it was washed away by an evening of entertainment. Of course, as you get older, you can't do that. I know when I was a young fellow, I'd go out every night in the week, not being too exciting, but still I'd enjoy myself in my own way. But as you get older and you get 40 or more, you limit the nights you've been out and then you've enjoyed yourself so much you figure things don't mean so much to you, you know. But that was essentially it.

Work clearly extends to home. On the one hand, the problems and excitement of work may be carried into the household, while on the other hand home affords relief from the burdens of work. Similarly, home problems may be taken to work. But the interrelationships are more subtle than this. It seems many social associations are engaged in through the work situation. Work may thus act as a link between or access channel to them. Thus, while work may be separated from family and outside the home in many ways, the two are closely interlinked. Most of us spend much of our lives in a work situation which supplies most of our monetary rewards and many of our material needs.

Moment (1966) identifies three facets of individual functioning in organizations, which are really preferred styles of operating (not necessarily mutually exclusive). He describes these as technical, social, and directive. Essentially, "technical" means the exhibition of skill, the interest in work itself, the satisfaction of technical accomplishment and the acquisition of skill. "Social" is the exhibition of social skills and may be related to the pool of associations at work. "Directive" has to do with the influence that the individual exerts through his own authority or through his membership in organizations. While these represent styles of operating, they may also reflect personal needs which require fulfillment.

However, there are additional needs which work may serve to satisfy. Paramount is the economic need in which work is both a measure of security and also an index of advancement. Work may also have an important function as a temporal structure, for it serves to structure both the individual's day and also his progress through time since it helps to supply markers by which he can measure progress. Work may also (especially shift work) be a refuge from an unhappy home situation. Thus the loss of work involves potentially the loss of many important functions —of economic viability, of sanctioned avoidance of home, of peer associations, of a societal role, of important supports to self-esteem.

The Impact on Other Systems

What is the difference that retirement makes to others? At the community level the problem may be quite subtle. Communities have an age structure and there may be support for certain proportions of age groups. A family may live in an area where most people work and where a retired person has no part to play. Many retirees move, and whether this is the fulfillment of life ambition or an intuitive recognition of the lack of a place for them in their old community is by no means clear. Many of the individuals in this study comment that their friendships change. They no longer have anything in common with those with whom they once worked. For yet others their organizations have arranged things so that there need be no change. One individual comments:

> And another thing, when you retire from——— *the only thing you really have stopped is work.* You can still go to their good times. They have various things that are run within the company for their employees and you're allowed to stay with them—any time they run any good times or of that nature, you can still go.

And another:

> Then I go over to see the boys once in a while over in———, drop in and see them, you know, every once in a while . . . .

However, the major effect is on the immediate family. The time table is suddenly different. There is no need to go to work in the morning anymore. There is a stranger in the house. The man of the house now not only participates in decision making but is around to be a part of the effects of it. The members of the family are ever-present to exert their influence upon the retiring individual and to communicate their concerns and their support or their antipathy toward the activities in which he engages himself. Most work at home of a meaningful nature is usually delegated to the wife except for certain minor functions for the man. Now these minor functions are all he has to do, and there is no recognition for this make-work. He may also interfere with the role of his wife in her "legitimate" occupation.

> Well, I was lucky because I have a big yard and garden and a lot of work to do there . . . . I'm busy with all kinds of housework. I have no problem that way, except that that does get boring after a while because it's like a pile of work that never comes to an end. So I have no problems there, except in the winter, there was nothing to do. But I didn't think that was important. I mean I'd rather be working for somebody that thought that I was worth enough to pay me money for. Those long months from November, December, January, February, March, April, even into May when you can't go out into the yard and do anything, that's the boring part there.
>
> There was a little trouble . . . not trouble, but it was with the wife at first. This stranger . . . suddenly you've got this stranger in the house, that hasn't been there before. It interrupts their routine, like making the bed at this hour and doing that. But they get used to that after a while.

One way of dealing with this is to pretend that the man isn't there.

> I don't think it made any difference because I told her, I said, now just make believe I'm still working whether I walk in the house in the middle of the day or whether I don't—or if I have any work down in the basement, it shouldn't make any difference if you want to mop the

> floors or run the vacuum cleaner, you go right ahead just as though I wasn't here . . . . You know I tried to make it perfectly plain to her to just continue her life the same as she's been in the habit of doing.
>
> I had a little problem with my daughter. Now, as I say, I wouldn't say she was ashamed of me, but when you think that as I was saying . . . her father is retired, that's kind of hard, see.

* * * * *

> Most people look forward to it and think it's going to be nothing but fishing and hunting and this stuff and that. But three months of that, fishing poles, and you throw them away, and you're not interested in that anymore. A man has to work, he has to feel as though he's doing something. Like I'm seeing these free jobs where you go down and help somebody in the hospitals. I don't want to do that. I don't feel as though I'm trained for that kind of work or any they do to make a person feel important. I don't think that would make me feel important.

What has been described to this point are interferences with routine and discomfort at changes of role. There may well at times be more subtle or more powerful problems than these—for example, the need to change the decisionmaking structure since now both parties are constantly together. The couple may even find that nothing remains of a marriage. But also a couple may find themselves again, after realizing that, perhaps for years, work has served to maintain a distance between them.

Some of the complex system changes include personal changes of other kinds.

> But you can't eat as much if you're not active, or even if you are active—in comparison, it's only mildly active. And I try awfully hard to keep my weight down, but it's a tremendously hard job and I'm going to do still more to keep it down . . . 'cause I figure as you get older you can't put as much strain on the heart as you could when you were younger. And overweight is probably the number one disaster that could happen to a retired person.
>
> However, in this instance, the impact on the family was not negative. In some cases I know that the wives of these men can't stand it, they dread having their husbands at home. But in my particular instance, my wife looked forward to my retirement more than I did. Now actually, I help her with the chores so that she can get things done quicker and have more leisure time. And then I help my wife with the shopping, we have our friends, we have a little church activity.

This man was not able to maintain his relationships at work.

> There is a let-down that you don't meet the people you formerly met before, you feel strange, you know, I've been back to——once, and I don't have the urge to go back anymore. I have nothing in common with them.

And the leisure life is often not enough:

> We were down at the Cape thirteen and one half long weeks this summer and I loved it down there: we went in swimming about forty-five times and all that. But as a way of life, I don't think that I would want it the year around because (in winter) if we went down to the foot

of the street and we went back, you perhaps don't see anyone but yourself. I think my mind would be on myself too much. I'd be worrying about myself more than I ordinarily would.

Transfer

In general, it has been argued that people act in order to gratify some need or in other words because the action serves some functions for them. Several investigators have attempted to build up lists of basic needs, but these appear to have certain drawbacks. Murray's needs (1938), for example, appear to require constant respecification when applied to different phenomena, while Maslow's needs (1954) are on different levels of generality. It is true that McClelland (1953) has done some interesting work relating certain of Murray's needs to value orientations. However, he seems to have selected an appropriate sounding item from among Murray's needs and used it for a convenient label for a certain type of behavioral complex and not worried too much about exact components. As McClelland himself once said in a lecture, "N Achievement is what N Achievement measures."

The individual is here regarded as having membership in a number of systems, each of which constitutes a resource for the individual in terms of serving one or more of his functional requirements. Together the systems form a network for the individual and the loss of one system or the addition of another will call for a readjustment in the other parts of the network, in the form of substitution or transfer (transfer can be entirely passive and simply mean that the individual has additional time to spend even if he spends it "just sitting"). The systems are the central integrating devices by which a complicated society specifies the belongingness of its people. The systems operate upwards and downwards, that is, they get society's work done and they serve the variegated needs of individuals.

Social systems, according to Parsons (1951), are systems of interaction of a plurality (minimally ego and alter) of individual actors oriented to a situation and where the system includes a commonly understood system of cultural symbols.

A typology of systems networks and their attendant functions is suggested which will make it possible to predict the impact of change. The proposed paradigm is representative of the individual level with which this study is concerned. A second paradigm—not included here—would present a parallel scheme for the social system at the societal level. On the horizontal are presented the real systems present in American society, in which the individual may or may not play roles. On the vertical are the functions which spell out the meaning of the roles to the individuals. In the boxes are some tentative guesses as to which functions usually stem from which systems. A cross means that the system indicated serves that function for many or most people, a cross with a question mark means that the system serves that function in some cases but in others definitely not, and a blank means that the system does not serve that function to any marked extent. The grid helps one predict what the loss of any one system would mean for the individual, and where and whether transfer could occur among his other systems without disrupting effects or "overload." Individuals will obviously vary if their unique constellation is plotted.

It should also be possible to suggest where appropriate substitutions could be made, but how frequently older people would resort to this mode of coping with system loss is a moot point. After the paradigm has been presented more will be said about its utility and also about inherent problems.

The term "function" is used in preference to "need" because needs are sometimes taken to be basic, primitive, and common to all men in exactly the same quantity without regard for cultural conditioning and patterning.

SOCIO-TECHNICAL SYSTEMS

Functions	Work	Family	Friends	Formal organizations: Political, social	Religion	Leisure
Affective support	x/?	x	x			
Social support	x	x/?	x	x/?	x/?	x/?
Economic support	x	x/?				
Ideological support					x	
Activities outlet	x/?	x	x	x	x/?	x
Aesthetic outlet	x/?	x/?	x/?	x/?	x/?	x/?
Self maintenance*	x	x			x/?	

*The societal level grid is very similar, that is, the list of functional needs corresponds to system needs and is therefore not reproduced here. Self-maintenance, however, becomes continuity and control at that level.

The formulation then characterizes the individual as a roleplayer in a number of systems in society. The systems provide the focus with the individual and societal levels serving as delineators of the kinds of cues that should be made explicit if the theoretical formulation will be useful to:

- Identify and characterize societal subsystems
- Identify and characterize system networks
- Explore the extent and meaning of membership (the functions of the systems)
- Explore the ways in which subsystems interact with one another
- Make predictions about change, in the system as a unit, or in the network

The literature leads to the conclusion that in the United States, for the majority, work and family are the most important systems, with work being somewhat more important for the men, and family for the women. Thus, in losing one's work life at retirement, one of the most important system roles disappears. The family is not equipped to serve the same functions. In modern societies the major function of the family is tension management; the family is where you're supposed to go for emotional support. It is possible to predict that the retiree will make, in most cases, a bigger "investment" in his family when his work life is over. In some cases, this may work out very well, but it is also possible to predict that the more gratifications a man received from work, the more functions work served for him, the more his increased investment in his family will be perceived as an "overload," partly of course because his investment in his family was relatively small while he was working.

The "system-network" approach allows for a more comprehensive approach to retirement (which is inextricably bound up with aging) than others which have been utilized, and it can be developed into a useful general approach applicable to many areas of investigation.

The concept of membership inevitably entails the question of investment of self (probably somewhat analogous to what Miller (1963) means by subidentity. When an individual plays a role in a system, he both puts in and takes out. Roles can be active or passive, central or peripheral. When an individual plays an active part in a role which he considers central, it is assumed that he is willing to do this because he receives high gratification from his role playing. In order to measure more adequately not only the number of functions served by a particular system but also the strength of the function, it will probably be necessary to develop a scale for weighting the functions as well.

It is also necessary to keep in mind that there is change within systems, as well as within networks. For example, it is possible to lose a wife or gain a grandchild; one can substitute a new wife for a lost one; one can transfer one's affective needs from one's children to one's grandchildren.

It is fully recognized that each specific investigation involves an individual at a point in time at a certain developmental level of that individual and also at a certain developmental level of society. It is expected that different sets of patterns will be adopted for different situations and that there will be different sets of patterns at different stages of development.

When one turns to the level of societal needs, different sets of societal developments make for different patterns. When the retirees in this study were young, many of the functions for the society were handled within the kinship structure, at least for a significant proportion of the population. They lived through tremendous changes related to secularization and urbanization. They witnessed, among other things, two world wars and a great depression. Toward the end of their work lives many of them were affected by a great shift toward automation. At the same time there has been a proliferation of subgroups to handle the social needs that could no longer successfully be managed by the kinship group. The number, type, and importance of societal systems are expressions of the felt needs of the given social structure on the one hand and the individual members on the other. They therefore constitute a valuable focus for social investigation. Tension arises when there is a cultural lag, for example, when no system exists that might handle some new or altered felt need. On the individual level problems might arise when people try to satisfy their needs in an inappropriate system or at an inappropriate time for that system, and also when one "hangs back" from making a system substitution although the time has come to make change.

The point about transfer is that some of the things being transferred *have* to be transferred and others *may* be. The possibility of transfer is limited by the number of settings available and accessible or the validity and value placed upon such transfers—value being the individual's perception, and validity the perception of others. The problem is compounded by the individual's attitude toward change or flexibility with regard to change and his capacity to conceptualize the need for change at a particular phase of his life. Furthermore, such transfers need time to make and quite possibly entail a reorganization of life and of larger structures such as family groups. What an individual needs to transfer will be determined by the centrality to him of his various needs and by the availability of preferred systems for satisfaction. It is quite possible that pseudo transfers may be made, for the individual may engage in procedures which are attempts to maintain a certain pattern without a true understanding of its current invalidity.

The extent to which transfers will be made or made appropriately will be determined in part by the style of the individual in handling problems and in particular in handling change. Style essentially may be defined as the limit set upon the possibility of making certain transfers imposed by the personality characteristics of the individual as evidenced by his past history of coping with similar or analogous situations. Thus, style will determine not only how a transfer is made but also the pattern which is established.

Reference has been made to the importance of personal style. In addition the transferability of skills is an important issue. Skills may be of many kinds although Moment's classification may be useful here. Clearly, the higher socioeconomic groups are likely to have more transferable skills than those of lower status. The individual quoted above, who worked in a shipping department, has only his labor to transfer, while the draftsman has a highly specific skill. The specificity of skills does not ensure their transferability since there is limited market for any kind of skill in people over 65, working or not. Executive skills of course may well be transferable to meet community concerns.

This outlining of functional needs and their transfer problems enables some guesses to be made regarding certain associations. Thus, for example, higher status men tend to have more investment in their occupations than lower status men. This is perhaps because for them work is a different experience, involving more functions, and in fact a goal in itself, rather than, as with the lower socioeconomic groups, a means of obtaining financial rewards with the meaningful goals in the home or community area. This would suggest that such men may have more difficulty in transferring from the work area on retirement; however, they are likely to have more alternatives available to them upon retirement and so difficulties of transition may be less likely to appear in fact. A complication, though, is that they may, because of the complex of functions which work satisfies, have to differentiate these and now have the various functions satisfied in different areas.

Men who are highly involved in work may throw greater strain upon their families than those involved less, for the obvious reason that the less involved at work will have been more involved in their families to begin with and thus there is less change. Moreover the affective state of an individual responding to a difficult change when imposed continually upon his family, unused to his presence or to dealing with him, may also represent a strain. Generally speaking, then, the more settings available for valued postretirement roles, the better the satisfaction and adjustment of the individual should be.

The effect of income may be seen in two ways. There will be a major effect if the income drops below a subsistence level, but a more usual effect may be its limiting of potential alternatives and opportunities.

A last factor of many which might be mentioned is the extent to which the need to make transfers is conceptualized ahead of time, and this may well be related to the perception of the time left to the individual to live. A curious finding is that many people tend to assume their life expectancy is that of the person at age 20, namely some three-score years and 10. People seem not to be aware of the fact that a man of 65 may expect to live 10 to 15 years longer. The perception of time left will clearly influence the kinds of long-range decisions and commitments that a man is likely to make in terms of new endeavors rather than living out a life.

The individuals in the study provide vivid illustrative material. Mr. M., who values recognition from those around him, managed to transfer this into his postretirement situation, although deriving it from different skills.

> I had studied a little on garden and landscaping. So I took the pruners out and I went and fixed all the bushes for them and they really looked beautiful. Everybody said, "Wow, what a difference," so when the owners of the building came around about a month afterwards—they said to the superintendent, "What happened to all the shrubbery and everything? It looks beautiful out here."

Mr. S., for whom work was labor, never did anything he cared much about and is scared of taking risks and experimenting with new situations.

> Mr. W. . . . said to me one day, . . . "I know you're good at figures. I'd like to get you a job at such and such." I don't know, I'd had a little nervous turn and I was afraid. I found I had to play safe and keep what I got. And he was terribly depressed or concerned, that I didn't take the job. He said to me, "If I was big enough I'd give you a licking." I think some of the men that I worked with that were over me, I think they had more confidence in me than I had in myself.

He attributes this to his experience in the depression.

> You're kind of afraid to take chances you know. And if I had taken chances, then I probably could have made something. But you feel, well a layoff comes on, you figure, well I might never get back to work again.

He does not feel as though he has something that he can carry on into his postretirement period.

> If you're working in unskilled or semi-skilled labor, that kind of labor is really cheap; it's easily replaceable.

He feels,

> You're doing business more with things than with people.

For him, as during his work life, retirement is an opportunity to get away from the drudgery of the every day. Work served one major function for him, to supply the financial means to enjoy his leisure time. He reports about his retirement:

> Things are going as good as could be expected.

He did work for a little while in his retirement, but—

> I didn't think of it in terms of earning money. To me it was just an experience, or a lark, you know . . . I figured that they needed a little help, someone to have a cheery word.

Essentially what he seems to be doing is practicing having some degree of control over a new work situation, one no longer necessary to him. He describes it:

> It was just a matter of good will, just taking the cobwebs off so to speak and just testing my reaction. As an experience it was good and that's just as I consider it, just an experience.

Mr. B. provides a contrast, in that he has highly specific skill which is extremely important to him. Since it is the skill itself that is important, there is no possibility of replacing the rewards that an exhibition of this skill provides except in the practice of the skill itself. He describes this skill as taking "very special knowledge."

> There isn't a college in Boston that teaches a real comprehensive study from the bottom up . . . .

For him other things are much less important:

> You have to have family and friends and so forth, religion. I guess that's all, family, friends, and religion—what else is there?

He is only happy at the possibility of working again. He had tried to get work several times and was rejected:

> I also tried another engineering firm that had exactly the same kind of work that I did. Same story there. Sixty-five is the limit.

But now there is the possibility of work.

> Yeh, I've got the promise of a job with——, that's why I'm so happy today. I've got, for the first time, a promise of a job . . . they didn't say yes or they didn't say no, but I've been walking on air all day yesterday and last night and everything . . . .

Here is a man who, by virtue of the very specific function that work serves for him and the very specific alternatives available to him, has a very limited means and opportunity of transfer.

Patterns and Their Predictors

The individual satisfies his functional needs in the systems available to him, or fails to do so. Limited by the settings available to him or by his own history he determines ways to fulfill what is important to him. At the time of retirement the loss of work involves a reorganization of his network, the form of which may be immensely varied in any given case.

But the ways in which change can occur are limited. Essentially the individual may treat the retirement period as a time to maintain his previous way of life, as an opportunity to develop new interests and engage in new activities, or as a gradual phasing out from society.

A tentative typology of patterns is presented. The first pattern is *maintenance*, which suggests that the individual attempts to keep on with the way of life that he has been used to. This involves extensive efforts to continue in his occupation or re-engage himself in a similar kind of work. A second pattern is that of *withdrawal*, which involves an acceptance of the loss of work. No attempt is made to change the remainder of life but merely to enjoy the leisure that is available without engaging in new activities. A third pattern, *transfer of needs*, involves adapting by seeking to satisfy old functional needs in the new situation. The fourth pattern is to develop *new functional needs* which may be satisfied in new ways.

The importance of these patterns is that they must be realistic in terms of the individual's style, the settings available, and the support of salient others in his environment. It is probably invalid to judge success by the immediate adjustment period since this may be an experimental time. The examples cited indicate that the first 6 months to a year after retirement is spent in finding out what this period is really like. It is only after the intolerable months drag on that the pressure to come to terms with the years remaining really starts to build up.

A pattern is functional for a given individual when there is a fit between his needs and the settings available to him and the supports derived from his social and technological environment. To some extent there is discretion in choosing his pattern; to some extent there are certain mandatory needs which have to be satisfied. To the extent that there is free choice of alternatives, the factors already referred to, past history and settings available, will probably determine the direction of the interests that the individual engages in. To the extent that there is a lack of free choice, these will determine the areas of conflict.

The pattern also has to be responsive to the unforeseen development of crises and contingencies. A pattern which makes no allowance for possible untoward events may be successful in their absence but may fail when they come along. Of the three individuals mentioned, Mr. M. is clearly engaging in satisfying his needs, which remain the same, in new situations. He is able to gratify his need for recognition originally in his work situation, now through the hobbies that he pursues. Mr. B. is seeking after maintenance—he can hardly consider any alternative to a life that he used to lead. Mr. S. is engaging in withdrawal—he is not taking advantage of new opportunities but merely adjusts to the lacuna. For two of these, Mr. M. and Mr. S., the patterns at this point seem reasonably successfully obtained. Mr. B. has not managed to attain his desired pattern since he has been unsuccessful in getting work.

Problems exist where a pattern is not attained or where the pattern attained is a partial solution only, a problem being a discrepancy between an actual and a desired state of affairs. Some people, of course, may attain in retirement a more satisfying life than the one they had at work, where the settings available to them were less rich, or more constraining than subsequently. Failure to attain a pattern may result from a number of factors. Work is simply not available to men over a certain age and the limitations of age impose restrictions upon the kind of work which man can reasonably engage in. There may be a failure to make a transfer of investment in a realistic fashion given the opportunities available. There may be a lack of family support for the pattern desired by the individual. Death or illness of important others may intervene.

Problems in themselves do not necessarily result in symptomatology. Important factors include the individual's threshold of stress, his characteristic mode of handling it, and the existence of both internal and external resources. The size of the discrepancy between the actual and desired state of affairs is also important, since a person who is highly invested in a situation which he is unable to continue is more likely to have a problem than somebody who has a lesser investment. Symptomatology may develop in the individual in the form of dissatisfaction or depression or take less obvious shape.

Symptoms may also develop in a stressed family, where the retiree's pattern, adequate for him, imposes an intolerable cost upon them.

This approach to the problems of retirement, while reinforcing many traditional interventions in the preretirement and postretirement period, also suggests new possibilities. The education of the individual regarding both what is available to him and how to handle the necessary transfers that have to be made is crucial. Education can also be given regarding the necessary restructuring of his social organization. Additional resources can be provided for those individuals who may be predicted as likely to make poor adjustments because of the existence of predictable problems or predictable vulnerabilities on the basis of their past histories and their present environment. At a societal level there is clearly a need to provide a wider range of alternatives to the elderly both in terms of a greater variety of settings as well as a greater variety of valid roles. It is not sufficient to give people an opportunity to engage in certain activities if these activities are not valued by them and by society.

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4

an outline of the approach of the study

The study was planned in two phases. Each will be described in turn.

Phase I

This involved interviewing a sample of 500 male and female retirees aged 67 or less who had been retired for not more than 3 years, did not retire for reasons of ill health, and who were resident in the Greater Boston area. This sample was obtained from industrial organizations and other sources and a wide-range of occupational categories were included, from unskilled manual workers to top management personnel and highly skilled professionals. Since the purpose of the study was to investigate patterns of retirement, adjustment to it, and predictors of pattern and adjustment, it was not felt necessary to choose a sample representative in detail of the population at large. However the sample was compared for occupational distribution by sex with the Boston Standard Metropolitan Area in order to test its representativeness. The table shows that the sampling did better for men than women in this respect.

Table 1.—Occupational distribution *

(Boston standard metropolitan area, and study sample, white population by sex) (%)

Boston SMA

	PTK	*MOP*	*CSK*	*CFK*	*OK*	*SPH*	*L*
Men	16.0	12.5	18.9	21.2	17.8	3.2	5.4
Women	15.4	1.9	47.1	1.3	17.0	14.7	1.3

Study sample

	PTK	*MOP*	*CSK*	*CFK*	*OK*	*SPH*	*L*
Men	13.6	11.5	13.6	32.0	18.1	7.6	3.2
Women	5.6	4.2	51.6	8.9	18.3	9.4	2.3

* Classification from U.S. census index of occupations.

A total of 1,163 names were received from the industrial companies approached. Since the study was restricted to white retired men and women who had not retired on grounds of ill health, 66 people were excluded from the initial list who should never have been on it. A further 406 were excluded as they had either moved away too far to be interviewed, did not respond to initial contact, or after being seen, had incomplete records for one reason or another. There were 191 refusals and the final sample population was 500.

Since the sample formed only 45.1 percent of the total population approached, there was a great deal of room for bias. For example, the 182 people who moved away may have done so for reasons which could affect the findings of the study to a great extent.

Table 2.—Sample and eliminations

People completely eliminated from any sample	*Male*	*Female*	*Total*
Eliminated for health reasons	22	19	41
Eliminated for inadequate English	5	0	5
Black	5	6	11
Deceased	4	2	6
Used in Pretest Pilot Phase II	3	0	3
Total	39	27	66
Elimination during selection			
No reply to letter	62	47	109
Moved away	126	56	182
Incomplete	80	35	115
Total	268	138	406
Refusals	121	70	191
Sample	287	213	500
Grand Total	715	448	1163

An attempt was therefore made to obtain data about persons eliminated from the sample either by the study design or by their own volition in two ways. A 25 percent sample of the refusals were approached in person by interviewers with a questionnaire and the remainder of the refusals and the three major categories eliminated during the selection procedure were sent a questionnaire by mail. The questionnaire concerned some aspects of their demographic characteristics and their health status.

Table 3.—Responses of non-participants in study

Non-participant totals

	Male	*Female*	*Total*
Eliminations	268	138	406
Refusals	96	60	156
Refusals	25	10	35
Total	389	208	597

Non-participants: Number and percentage responding

	Male		*Female*		*Total*	
	No.	%	*No.*	%	*No.*	%
Eliminations (mail)	133	49.6	71	51.4	204	50.2
Refusals (mail)	24	25.0	18	30.0	42	26.9
Refusals (in person)	18	72.0	10	100.0	28	80.0
Total	175	45.0	99	47.6	274	45.9

The refusals and eliminations were compared statistically[1] with the sample for those variables on which data were available. Clearly this was limited by the very short mail questionnaire which it was possible to send out with any likelihood of response.

There were no significant differences between the three groups as far as the company they worked for, their sex, occupation, marital status, health (including having had a severe illness), their reason for retirement, or their having worked since retirement were concerned. It seems the three groups had equal satisfaction with retirement, and equal proportions reported that they were as happy or less so than during previous periods. While comparable in most respects, there were, however, a few important differences. Both the refusal and elimination groups were significantly older than the sample group (although the difference was only 2 or 3 years) and had been retired longer than the sample group.

It is not clear what these differences mean. It may be that those further from the retirement event are less interested in being involved in exploring and unearthing it. Whether these differences, though small, affect the findings of the study remains somewhat in question. It must at least be assumed that since the sample is closer to the retirement event, a greater proportion, relatively speaking, of that part of the sample which has been retired longest is lost to it.

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[1] The Kolmogorov-Smirnov Test of Significance was used on the distributions. Details are available from the senior author.

Phase I incorporated questionnaire and test material aimed primarily at distinguishing those who seem to have responded well to retirement from those who seem to have responded poorly, as indicated by their expression of contentment, satisfaction, or their opposites, so that these groups could be investigated further in phase II.

Four categories of data were gathered:

1. *Demographic data.* (see table 4 for a summary of the basic characteristics of the sample) including age, sex, marital status, number of children, number of grandchildren, household, area of residence, type of residence, place of birth (if non-U.S., date of arrival), father's primary life-time occupation, father's education, religious affiliation, income (before and after loss of occupation), education (including formal training), position in family of origin, career pattern, membership groups, interests (life style).

2. *Morale*, as assessed by Havighurst's Life Satisfaction Index B. This comprises 12 open-ended questions, the responses to which were rated by the interviewer, and from which a total score is obtained. Also rated from the same set of questions were resolution and fortitude—goodness of fit (extent to which respondent feels he has achieved his life goal)—positive self-concept, mood, tone, zest versus apathy (Havighurst's "life satisfaction"); an additional and separate rating was made by two interviewers based on a separate series of open-ended questions and before the results obtained from Havighurst's scale were known. These ratings recorded the interviewer's assessment of (a) general contentment and (b) the quality of response to retirement.
   Subjects were only assigned to a specific morale category if the results obtained from both the above sources coincided.

3. *Health.* Questions were asked to determine (a) present health; and (b) perceived changes in health, if any, since loss of occupation.

4. *Responses to change.* A preliminary exploration of personal style toward change by means of a close-ended questionnaire. Aspects particularly considered: (a) identification of perceived major changes; (b) characteristic patterns of affective response to these changes; (c) characteristic patterns of response behavior to these changes; (d) specific responses to loss of occupation; and (e) perception of the meaning for the subject of loss of occupation.

5. *Draw-a-life-line-test.* The subjects were presented with a straight line drawn horizontally midway on the page. They were asked to

Table 4.—General characteristics of sample (N=500) in Phase 1 (%)

Sex

Male	*Female*
57.4	42.6

Age in years

60	*61-63*	*64-66*	*67-69*	*70*
1.4	11.6	59.6	25.2	2.2

Marital Status

Single	*Married*	*Widowed*	*Divorced*	*Separated*
13.8	64.0	18.4	3.0	0.8

Children

None	*Some*
30.8	69.2

Education

Some School	*Comp. School*	*Some H.S.*	*Comp. H.S.*	*Some College*	*Comp. College*	*Higher*
14.1	14.5	21.1	33.4	7.4	6.2	3.2

Living situation

Alone	*With Others*
21.8	78.2

Occupation

Professional	*Managerial*	*White Collar*	*Skilled*	*Operatives*	*Services*	*Labor*
10.0	8.4	29.8	22.2	18.2	8.4	3.0

Religion

Protestant	*Catholic*	*Jewish*
45.1	49.2	1.2

Gross preretirement income

$1000-4000	*$4000-4999*	*$5000-6999*	*$7000-8999*	*$9000-10,999*	*$11,000-12,999*	*$13,000-14,999*	*$15,000+*
6.7	22.1	33.0	18.8	7.2	4.5	2.2	5.3

Length of retirement in months

0-3	*3-6*	*7-9*	*10-12*	*13-18*	*19-24*	*25-30*	*31-42*	*42+*
7.0	12.1	10.5	7.2	20.3	18.3	21.1	8.5	4.0

indicate and to label the high and low points in their lives by drawing peaks and valleys over the straight line.

The major task of phase I was to determine morale and so to facilitate the selection of high and low morale groups for more intensive interviewing in phase II. Subjects were allocated according to their score not only on the Havighurst Morale scale, but also the variety of other more subjective morale measures. These various measures were grouped and a factor analysis performed to develop a morale factor score.

Another goal of the first phase was to determine the usefulness of various outcome measures. These included, in addition to morale, a variety of measures of health status, as well as several other outcome variables (self-report of adjustment, self-evaluation, social participation, and current work status). Since there were several measures of health status, an attempt was made to reduce the number of these variables by performing a factor analysis, and a health factor score was derived from this. It was generally not found possible to reduce the number of health variables very much.

The main purpose of investigating the measures of adjustment was also to see if these could be reduced in number, i.e., were highly related, or in fact whether they measured distinct and alternative forms of adjusting. Thus it was not known whether somebody who had a high morale was also likely to have good health and to be socially active, etc., or whether each of these was an independent mode of adjusting and related to different kinds of background variables. In general it was concluded that while some of the subjective self-evaluations were indeed interrelated, several of the measures were independent and would have to be repeated as independent measures in phase II.

Finally, the predictive value of a number of the variables, especially demographic, was determined in relation to the outcome variables. This was intended to give preliminary results and information which would be helpful in designing the second phase.

Phase II

This involved the intensive interviewing of a subsample of the original 500 retirees, in which those falling into the extreme categories of morale were selected. The selection of this subsample will not be described in detail but was based upon the morale scores obtained in phase I. In addition to interviewing this subsample of retirees, interviews were also held with spouses where relevant, and a total of 93 retirees and 53 spouses were seen. The characteristics of the phase II group are presented in table 5.

Table 5—Characteristics of phase II sample (%) of retirees

	Male (n=62)	*Female (n=31)*
Marital Status		
Single	3.2	29.0
Widowed	12.9	35.5
Divorced, separated	4.8	12.9
Married	79.0	22.6
Children		
None	11.7	43.5
Some	88.3	54.5
Living situation		
Alone	6.5	48.4
Others	93.5	51.2
Income		
$1000-2400	6.7	16.7
$2500-3900	16.7	30.0
$4000-5900	30.0	30.0
$6000-7900	26.7	13.3
$8000+	20.0	10.0

In phase II, there were three main purposes:

1. To attempt to identify patterns of response to retirement and the extent to which individuals were able to engage in a desired pattern.
2. To relate a variety of possibly predictive factors to outcome, refining the findings of phase I, and thus increasing understanding of the significant influences upon retirement adjustment. This involved mainly comparing the morale groups on a number of variables.
3. To investigate the effect of retirement upon the family, and vice versa, by introducing data from a second person, as well as by focusing upon marital and family processes.

The questionnaires were therefore constructed to include the following predictive factors and outcome variables:

A. *Personal Relationships and Attitudes*

   1. Check on *marital status* and family change.
   2. *Income:* gross, net, and expenses. Expectations and effects in relation to retirement.

3. *Health:* second check on health status and psychological health scale.
4. *Morale:* second administration of Havighurst scale to determine both new morale and changes in morale, if any, in the interim period.
5. *Perceptions of life:* before and after retirement, including reasons for these perceptions, problem solving style, and effects of retirement upon the family.
6. *Role relations:* A structured set of situations, presented to both retiree and spouse, to determine predominant decision making style of couple.

B. *Personality Measures*

1. *I-O Social Preference Scale:* A structured instrument to determine inner or outer directedness.
2. *Self-Questionnaire II:* A measure of self-esteem determining negative or positive attitudes towards self.
3. *Center's Measures of Needs:* A measure of need satisfaction.

C. *Needs and Activities*

The notion of patterns involved the attempt to identify the major needs expressed or satisfactions or dissatisfactions experienced at work (as recalled by the subject), and the subjects' feelings and values about the work situation. It was then determined whether or not these needs persisted, and, if so, the activities presently engaged in to satisfy them, as well as whether or not needs and/or activities were now present which had not been present before retirement.

This then gave data (a) about needs before and after retirement; (b) about activities before and after retirement; (c) about subjective evaluation of work and its meaning, which was used to explore the usefulness of the pattern approach.

5

what is adjustment?

Since a major goal of this study was to understand what led to better or worse adjustment in retirement, it became crucial to determine appropriate measures of this elusive notion.

A search of the literature seems to indicate an emphasis on what is easily measured rather than what might be really important to the retiring person. Each researcher seems to invent his own measure. These measures range from indices of morale, satisfaction derived from self-reports or interviewer assessments (or a combination of the two), work status, attitudes and feelings about the general life situation, to various measures of activities. Measures of health are sometimes used as adjustment measures, sometimes as factors affecting adjustment. Most of the measures used suffer from the inevitable drawback that they are nearly all subjective and highly value-laden. How does one make sense of a hypothetical situation such as that of an individual living in a dreary town who is making the arrangements to move away from it? They report themselves as unhappy. But this may well be appropriate: they are remedying the situation by moving. An individual describing himself as happy in that situation could almost be called abnormal. How also would one make sense of facts about whether the respondents are working or not? Retirement theory tends to imply that if individuals continue to work they are denying the fact of retirement and failing in some sense to adjust to it. But this depends on one's conceptualization of retirement. This highlights the important aspects of the concept of pattern as described in this monograph. For this suggests that there are a variety of ways in which people may choose to carry out their lives during the retirement period and that one way is better than another. When a person is unable to engage in one of these alternative patterns, he (or she) experiences some sense of failure which could be called a failure to adjust.

A number of alternative definitions were considered:

A. Adjustment to retirement may mean that one neither disturbs nor burdens the society in which one lives. This perhaps is a macro point of view; i.e., the retiree does not constitute a major social problem or troublesome statistical aggregate.

B. The social groups, including the family, through which the retiree moves have certain expectations about how a retired person will behave and have certain feelings about his privileged nonworking status. One definition of retirement could be meeting the expectations of the groups of which the retiree is a member; i.e., behaving like a good grandfather, joining the Golden Age Club; not interfering with children's family decisions, etc.

C. Adjustment is basically an internal state or process which elicits subjective feelings of satisfaction, happiness, high morale or satisfaction of personally defined important needs. Here one is positing that a psychological condition of equilibrium exists, or alternatively, that positive feelings outweigh the negative, rendering a predominantly pleasant feeling about one's existence. (Incidentally some insights as to the utility of this approach may be derived from the report of the life line test, which suggests that positive and negative experiences are indeed fairly easily measured.)

D. A clinical definition of adjustment to retirement can be based on an evaluation of physical and mental health and adjustment, and would be equated with the absence of physical complaints or psychopathology. More positively, the presence of feelings of physical and psychological well-being would be an indicator.

E. A narrower but much-researched definition of adjustment concerns the amount of social participation in formal and informal groups. The former comprises memberships in associations or a continuation of former work status. The latter includes the nuclear family, extended family, and friends. To continue to be active, regardless of the satisfaction involved, is in itself a sign of good adjustment. This is a particularly American definition deriving from a cultural distaste for unstructured leisure, laziness, and inactivity.

Questions bearing on four of the five types of definitions of adjustment were included in the questionnaire, and will be reported on below.

In Phase I

1. *Health*. A battery of questions about health was administered. This was factor analyzed and a single health-factor score derived.

2. *Adjustment as an internal state*. There were three major measures here: first, a self-report of adjustment; second, the Havighurst morale index; and third, two further morale questions. Again the responses to the three were factor analyzed and a single morale-factor score derived, as may be seen in the series of additional questions indicating self-evaluation of current subjective state.

3. *Social participation.* Two measures of social participation were used, as well as some questions regarding present work status and subjective evaluation of satisfaction with it.

The interrelationships between the various measures of adjustment were tested in two ways. An intercorrelation matrix was constructed for all simple variables. The two factor scores, the health factor and the morale factor, were tested by chi squared against each of the other variables. The results of this analysis essentially determined the design of the second phase.

In Phase II

The results of Phase I led to the conclusion that essentially it was not possible to simplify very much the distinct adjustment measures used. These measures were therefore refined for use in phase II.

1. *Health.* The mental health scale and satisfaction with physical health.

2. *Adjustment as an internal state.* The subjective sense of satisfaction through a variety of measures, including self-esteem, need satisfaction, and morale scores.

3. *Meeting the expectations of social groups.* Questions about the effects of retirement on household, etc.

4. *Social participation.* Various measures of activities.

Criteria of Adjustment in Phase I

1. *Self-report of adjustment.* Respondents were asked to indicate whether they felt they had adjusted to retirement, and if so, how soon following retirement this had occurred; if not, when they thought this might occur. Three-quarters of the sample reported that they had adjusted. Of those who had adjusted, over one-half reported having done so immediately. Of those not yet adjusted, over two-thirds were indefinite about when they expected such adjustment to take place, with two-fifths never expecting to adjust. In each of these variables, the differences between men and women were noteworthy,[1] women reporting adjustment, as well as adjustment more quickly, outnumbering men.

2. *Health.* Full discussion of the findings regarding health may be found elsewhere. This relatively self-selected population (since health as a cause of retirement was excluded from the sample) is generally very healthy. Eighty-five and two-tenths (85.2) percent report good health,

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[1] So that the findings are more easily readable, significance levels are omitted but may be obtained from the senior author. Findings are only mentioned if statistical significance is obtained.

although a minority experienced some worsening of their health following retirement (10.4) percent. A larger proportion experienced some limitation of their activities due to their health (32.2 percent), and even more (41.4 percent) have had to see the doctor for reasons other than routine examinations. Over half have had some medical expenses since retirement, but the sample is still generally well adjusted regarding health.

Table 1—Self-report of adjustment (%)

Adjusted yet		No	Somewhat	Yes
N=500	M	17.0	13.4	69.6
	F	10.5	9.5	80.0
	T	14.2	11.8	74.0

If adjusted, how soon		12 mos. or more	6–12 mos.	3–6 mos.	1–3 mos.	Under 1 mo.	Immediately
N=365	M	9.0	6.0	12.9	10.4	4.0	57.7
	F	1.8	6.7	7.9	9.1	9.1	65.5
	T	5.7	6.3	10.7	9.8	6.3	61.2

If not adjusted, when		Never	Indefinite but sometime	6–12 mos.	3–6 mos.	Under 3 mos.
N=135	M	40.4	28.1	15.8	14.0	1.8
	F	36.4	36.4	—	—	27.3
	T	39.2	30.4	11.4	10.1	8.9

The health factor score was derived from an intercorrelation analysis of the health variables, and a factor analysis demonstrated that a single factor score was adequate to describe the health of an individual. All the individuals in the sample were given such a factor score and the 100 highest and lowest factor scores were compared statistically. It should be noted that the health questionnaire contained approximately one-half subjective evaluations of health, the other half a relatively objective statement about health, although this was still a report by the retiree.

3. *Morale*. The Havighurst morale index was given to all respondents, and together with this, interviewer ratings of satisfaction of retirement and general satisfaction were made. These ratings were on a 5-point scale

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2. Details of the way in which this was used are available from the senior author.

Table 2—Satisfaction and morale (%)

	Morale scores				
	1-12	**13-15**	**16-18**	**19-21**	**22-24**
Morale of the retiree	18.4	20.2	33.8	24.0	3.6
	Low		**Middle**		**High**
Satisfaction with retirement	10.2	12.1	34.5	24.9	18.3
	Low		**Middle**		**High**
General satisfaction	5.8	13.7	29.4	29.6	21.5

ranging from low to neutral to high. The morale index is a 12-item questionnaire about subjective reactions to current state.[2] Again the strong relationship between the two interviewer ratings and the Havighurst morale index enabled a single factor score to be derived through factor analysis and attributed to each of the respondents. The 100 highest and lowest such scores were then compared.

It can be seen from table 2 that the morale scores tend to be high, with less than one-fifth of the sample scoring below 12 points on the morale score (out of a possible 24 points), and one quarter scoring low on each of the general satisfaction or satisfaction with retirement variables.

4. *Self-Evaluation*. Respondents were asked to complete a self-administered questionnaire containing questions about their present life. Such questions included an assessment of this stage of life as they experienced it, their major concerns, their main feelings about the current situation in general. They were also asked whether they intended to work. The findings generally confirmed those findings regarding morale, as can be seen in table 3. Three-quarters of the sample expressed satisfaction with themselves, and nearly an equal number felt younger than their current age. Women showed something more of a tendency in this direction than men. Fifty-seven and eight-tenths percent of the sample accepted the present happily, while 27.5 percent accepted it reluctantly and less than 5 percent were unable to accept it. Under one-tenth of the sample reported this stage of life as being difficult and as being somewhat upset and anxious. Most of the sample felt that this was a time to do new things and about one-fourth felt it was a time to relax. Two-fifths of the sample had some intentions to work at least part time and only just over one-fourth were not intending to work at all. Just over one-half felt that they had had to make some change in their lives to accommodate to this new stage of life. Just under one-fifth were concerned about their income.

Table 3—Self-evaluation (%)

	Work intent N = 479
Full time	4.8
Part time	37.6
Volunteer work	12.5
Occasional	15.5
No work	27.6
Any work combination	2.1
	Changes needed for this stage N = 476
Big changes	4.0
Some changes	47.3
No changes	48.5
	Main concern N = 475
Financial	17.9
Do what you like	24.4
Keep busy	36.2
No special concerns	17.3
Any combination	4.3
	Main feelings now N = 481
No special feelings	10.6
Anxious and upset	3.7
Somewhat anxious and upset	3.5
Somewhat concerned	12.1
Quite happy	55.1
Happier than ever	15.0
	Acceptance of present N = 469
Cannot accept	4.7
Accept reluctantly	27.5
Very happy	67.8
	Feelings of age N = 441
Much older	2.0
Somewhat older	1.6
Feel same age	22.9
Somewhat younger	53.1
Much younger	20.4
	Satisfied with self N = 480
Dissatisfied	13.3
Neutral	50.0
Satisfied	36.7

5. *Work status.* The respondents were asked a number of questions about whether they had worked since retirement, and, if so, the extent to which this work utilized the skills that they had employed in their work before retirement or enabled them to receive the same kinds of satisfaction that they enjoyed in their work before retirement.

Table 4—Work status (%)

Jobs since **N = 500**	
None	72.8
Part time	23.0
Full time	4.2
If "yes," what kind of job **N = 135**	
Same	31.1
Different	68.9
Level of skill **N = 135**	
Lower	29.9
Same	56.7
Higher	13.4
Use skills **N = 500**	
Not at all	64.8
Infrequently	10.3
Some	14.3
Frequently	10.7
Satisfied with skills **N = 463**	
Dissatisfied	7.3
More dissatisfied than satisfied	11.7
Equal	9.3
More satisfied than dissatisfied	17.3
Satisfied	54.4
Similar satisfactions **N = 468**	
No	34.8
Yes	65.2

	If "no," concerns N = 163
No, mind much	26.8
No, mind some	38.6
No, don't mind	34.6

Just over one-fourth of the sample had in fact worked since retirement, slightly over two-thirds of these at a different kind of work from that before retirement. Over twice as many had to work at a lower level of skill as those at a higher level of skill, but by far the majority (just over one-half) worked at the same level of skill. Just under two-thirds of the total sample reported that they never used their skills following retirement but only 21 percent were dissatisfied with the use they were able to make of their skills. Just under two-thirds found similar satisfaction in retirement to that enjoyed previously, and of those not finding such similar satisfactions, only one-third were not concerned about it, slightly more than one-third minded to some extent, and just under one-third cared a great deal.

6. *Social participation.* Membership in clubs and organizations was limited to just over one-half of the sample, 42.5 percent reporting no such membership. However, many more of the sample engaged in some kinds of hobbies and interests and activities, with nearly one-fourth reporting four or more such activities.

Table 5—Social participation (%)

	None	One	Two	Three	Four or more
Number of club memberships	42.5	26.3	18.4	6.6	6.2
Number of activities	2.6	13.3	26.9	33.1	24.1

Adjustment and Its Interrelationships in Phase I

1. *Adjustment and social participation.* Those who reported high activity, as measured by their membership in clubs and their number of activities, were also more likely to report that they had adjusted.

2. *Adjustment and work.* Those who had worked since retirement were less likely to have adjusted and more likely to have reported that such adjustment was going to take a long time. They were also more likely to be working at a lower level of skill. Those reporting adjustment were also more likely to report using their skills a great deal. Both men and women reporting early adjustment or its imminent likelihood also reported high preretirement satisfaction with their skills and similar satisfactions follow-

ing retirement. If such satisfactions were not obtained, they were less likely to be concerned about not obtaining them.

3. *Adjustment and morale*. For both men and women there was a high intercorrelation between the various measures of adjustment and of morale: whether or not the person had adjusted very strongly differentiated the high and low morale factor groups.

4. *Adjustment and self-evaluation*. Men and women reporting adjustment were more likely to be satisfied with themselves (men felt younger than their current age), and both reported that they had looked forward to retirement, that their main feelings were good, and that they accepted the present willingly. Such adjustment was also associated with not intending to work in the future. Rapidity of adjustment was associated (for men) with pleasant retirement experiences; (for women) it was associated with no intention to work.

Health and Its Interrelationships in Phase I

1. *Health and social participation*. Those belonging to a large number of clubs were also more likely to report the good effect of their health on their family. For men, the number of clubs they belonged to strongly differentiated the high and low health factor groups. The number of activities was an even more significant indicator, a large number of activities being associated with favorable subjective assessment of health, a favorable effect on the family, and few physical symptoms.

2. *Health and adjustment*. A series of somewhat weaker associations exists between health and whether or not people reported they had adjusted. Those reporting adjustment were less likely to report an effect on the family or symptoms of physical illness; and women were more likely to report an improvement in satisfaction with their health as well as fewer symptoms. The population as a whole, though not for the sexes separately, reported that adjustment does significantly differentiate the high and low health groups. How soon the person adjusts has rather stronger relationships, a good adjustment in this respect correlating with health change for the better for both sexes, and for improvements and good health in a number of the other health variables for men. Men reporting an imminent early adjustment were more likely to report good health and good satisfaction with health and having seen the doctor little. Women who reported imminent adjustment were much less likely to report the presence of physical symptoms.

3. *Health and work*. Men and women with good health were more likely to have worked since retirement. Men who had worked since retirement reported an improvement in their satisfaction with their health as well as a good effect on their family. The kind of work and the utilization of

skill were not related to health. The degree to which satisfaction from the exhibition of their skills was obtained was found to be significantly associated with health for both men and women. Both men and women reported an association between lack of physical symptoms and satisfaction with skills. Satisfaction with skills significantly differentiated the high and low health groups. Being able to obtain similar satisfaction from the retirement period as was obtained from working was associated with many of the same variables as the previous category.

4. *Health and morale*. General satisfaction with life was associated in both sexes with good reports of health, changes for better health, health satisfaction and change in it, lack of limitation in activities due to health, not having to see the doctor, low medical expenses, little effect on family, and lack of physical symptoms. Similar relationships were found between satisfaction with retirement and the morale score on the Havighurst morale index, except that on the morale index these relationships were also associated with few and short stays in the hospital. Those health variables significantly distinguishing the high and low morale groups were, for both sexes, changes in health for the better, not having had to see the doctor, and the number of physical complaints. In addition, men reporting high and low morale scores were distinguished by their reports of the frequency of their visits to the doctor, the changes in amounts paid, and the effects on their families. Women reporting high and low morale scores were distinguished by their health reports, their reports of limitation in activities due to health, and their medical expenses.

5. *Health and self-evaluation*. In general, those reporting high satisfaction with self and feeling younger than their age also reported high satisfaction on the majority of the health variables. Intention to work was significantly related to a number of the health variables for men, with those reporting poorer health being less likely to intend to work. Individuals reporting that they accepted the present willingly and in general felt good were also more likely to report good health.

Interrelationships of Morale in Phase I

It is clear that morale and most of the self-evaluation variables were in fact measuring the same thing, both by the nature of the questions and the high relationships found. *Satisfaction with self*, *main feelings now*, and *acceptance of present* were all related to the four morale variables—general satisfaction, satisfaction with retirement, T score, and morale factor score. Satisfaction with retirement was also associated with *intention* to work.

1. *Morale and social participation*. Men with high morale were more likely to report belonging to clubs and having a large number of activities,

this being true of all morale measures. For women the only relationship was between general satisfaction and belonging to clubs or the number of activities.

2. *Morale and work.* No relationship between work since retirement and satisfaction with retirement, or with morale in general, appeared to exist. Women were more likely to report higher satisfaction with retirement if engaged in an occupation similar to that of preretirement. Men were more likely to be satisfied in retirement if they had more opportunity to use their work skills. Both sexes reported high morale on all the variables associated with satisfaction with the use of their skills and being able to obtain satisfactions similar to those obtained in their preretirement work.

Social Participation and Its Interrelationships in Phase I

Men reporting high social activity were also more likely to be working. Both sexes reported they were more likely to be using their work skills if they were also active socially. For both sexes, social activities were also related to being able to obtain some of the satisfactions that were due to work.

1. *Social participation and self-evaluation.* The amount of social participation was not related to satisfaction with self, although the number of activities was positively related to the age that women feel. Men who were active socially were more likely to report this stage of life as being pleasant, and those men with a large number of activities were more likely to report their main feelings now as being pleasurable. Both sexes were more able to accept the present situation willingly if they had a large number of activities.

2. *Work and self-evaluation.* Men who were now working were more likely to report this stage of their life as being pleasurable, and also more likely to have plans to work in the future. They also evaluated the experience of this stage of life as unpleasant if they were working at a different occupation than in preretirement, and if their work required making major changes in their life. For both sexes, adjustment as measured by the subjective evaluation of satisfaction with self and current feelings and acceptance was associated with a high satisfaction with the present use of their skills, as well as the ability to obtain satisfactions similar to those obtainable in work. Again, men who objected strenuously to their inability to obtain similar satisfactions were less likely to be adjusted on these subjectives variables.

Discussion of Phase I Adjustment

It is clear from the findings that there are a large number of relationships between the various outcome measures used. Some of these relationships may be due to the various questions really asking the same thing, some to the fact that general satisfaction may lead to satisfaction with particulars. However, there are sufficient variations in the findings to suspect that while these relationships may be strong, they are not complete. A reasonable conclusion is that while the self-evaluation section is, in general, redundant, there was some usefulness in keeping at least the five other sections as independent but related areas of adjustment. While there may be many persons who will be adjusted in all areas, there may be at least some who feel adjusted in some areas of their lives but not in others.

Report of Results of Phase II

The measures included in phase II were derived directly from Phase I. The frequency distributions on the variables included in the adjustment ratings will be reported first, then the results of a factor analysis performed upon the 29 variables falling in the adjustment area which met two basic criteria for inclusion: (a) that there were responses in at least 90 cases, and (b) that, in dichotomous measures, the smaller had at least 10 percent of the information.

VARIABLES INCLUDED IN FACTOR ANALYSIS OF OUTCOMES IN PHASE II[3]

1. Old morale
2. New morale
3. Morale comparison

4. Present state of health
5. Satisfaction with health past year
6. Mental health scale
7. Type of illness

8. Social preference scale
9. Attitude towards self

10. Satisfaction with life preretirement

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[3] Excluded (by criteria from factor analysis):
1. Mental health expressed as dichotomy.
2. Onset of illness.
3. Is the illness now present?
4. Cumulative scale of treatment requirements.
5. Subject's preference in regard to working spouse.
6. Presence of children and grandchildren.
7. Activities now filling first need actually covers variable 63–74: activities satisfying needs, sim.-diff., less-enough, number.

11. Satisfaction with life postretirement
12. Subject's preference in regard to work
13. Activities related to work
14. Reasons for happiness
15. Interpersonal relations—reasons for happiness
16. Reasons for happiness—positive attitude towards self
17. Household size
18. Important thing in life—spouse
19. Important thing in life—other family
20. Important thing in life—freedom
21. Important thing in life—health
22. Most meaningful activity—be alive and healthy
23. Most meaningful activity—interpersonal relations
24. Most meaningful activity—independence
25. Index quantity of activities
26. Social activities
27. Non-social activities
28. Number of needs satisfied at work
29. First need satisfied

The sample was overwhelmingly other-directed, less than 10 percent of the total sample being inner-directed. The sample was overwhelmingly of a positive self-image, just over 10 percent reporting a negative one. An examination of the presence of needs from before retirement showed that for most people there were at least two major needs still present and that these were in fact being satisfied positively, only 8 percent experiencing frustration of their second need.

One of the few relatively negative measures in this extraordinarily positive group was the response to the question whether things were better after retirement. About one-half of the respondents said that nothing was better after retirement. On the other hand 70 percent said that nothing was worse! This equanimity is somewhat confirmed by the replies of respondents to the inquiry whether or not retirement had made a large change for the house. Forty-four and four tenths percent said there had been no change of any magnitude, while 34 percent said there had been a large change.

The social activity index which quantified the number of social acts directed toward others and in one's own self-interest showed that other-directed social activities were fairly evenly distributed over the categories from none through low and medium to high. However, social activities of a self-directed nature were predominantly absent, nearly one-half of the sample failing to report any.

Satisfaction with life before retirement showed that those still working were pretty evenly divided between those who were satisfied with life and those who had mixed feelings about it with a very small group expressing dissatisfaction. Nonworkers, mostly women, were very satisfied with life. After retirement the picture did not change much for the workers, roughly equal proportions reporting increase in happiness or no change following retirement.

Another measure showing the somewhat selective way in which respondents were able to display negative feelings not evident in the majority of the adjustment measures was the attitude of respondents towards retirement. Twenty nine percent reported a negative attitude, and 53. 6 percent a positive one.

The factor analysis, the purpose of which was to attempt to reduce the number of measures, was done both on the total sample and on the subgroups of retirees and nonretirees separately, but since the latter two showed different variable groups, the first was omitted.

Presented first are the most important four factors, together with the amount of information contained in them (percent variance) and then the meaning (measures involved in each factor).

For retirees the significant factors are factors I, II, IV, and VII. Factor I is a physical and mental health factor. Factor II is a social activity factor. Factor IV is need satisfaction. Factor VII is morale. Nonretirees have a different loading, the four major factors being factors I, II, V and VIII. Factor I is a health morale factor, factor II reflects the nonretiree's pleasure in being alive to enjoy his family, factor V is another family factor, and factor VIII another health factor. Relatively little information is contained in these factors (see table 6) and moreover,

Table 6—Factor analysis: Percent of variance by factor

Factor	Retirees	Nonretirees
I	12.6	16.1
II	9.4	13.4
III		
IV	7.0	
V		6.8
VI		
VII	4.9	
VIII		4.9
IX		
X		
Totals	33.9	41.2

the factors contain only very few of the total number of variables used. Inspection of the factors not included here shows that each of them as well contains but few of the variables.

Table 7A—Factor analysis: Factor loading of variables for retirees

Factor	Positive		Negative	
I	State of health	.816	Number of abnormal responses	-.660
	Health satisfaction	.788		
	Types of illness	.519		
II	Activities partially satisfying first need	.440		
	Index-quantity of activities	.923		
	Other-oriented activities	.536	NONE	
	Self-oriented activities	.841		
	Diversity of activities	.905		
IV	First need satisfied at work	.655	Satisfaction after retirement	-.351
	Second need satisfied at work	.555	Number activities satisfying first need	-.539
			Number activities satisfying second need	-.590
VII	Satisfaction with life after retirement	.483	Morale comparison	-.736
	Preference in regard to work	.598		
	Old morale	.807		
	New morale	.407		

Table 7B—Factor analysis: Factor loading of variables for nonretirees

Factor	Positive		Negative	
I	Attitude toward self	.476	Number of abnormal responses	-.418
	Mental health scale	.473		
	State of health	.798		
	Health satisfaction	.713		
	Type of illness	.828		
	New morale score	.552		
II	Most important thing in life—other family	.528	Most important thing in life—health	-.836
	Most meaningful activity—relations with spouse spouse and family	.761	Most meaningful activity—be alive and well	-.845

	First reason happy after retirement—health	.468		
V	Household size	.587	Most important thing in life—spouse	–.757
	Most important thing in life—other family	.617		
VIII	Number of abnormal responses	.655	Household size	–.500
			Mental health scale	–.517
			Seen MD in past year	–.800

Once again the conclusions, as in phase I, are inescapable. This is an extraordinarily healthy and well-adjusted sample by any criteria, but the adjustment of the sample can in fact be measured only by multiple criteria and cannot significantly be reduced by statistical means.

Therefore in performing subsequent analysis, derived factor scores were not used, but predictive variables were directly related to measures of outcome.

6

socioeconomic and other aspects of retirement

In this chapter some of the relevant background factors will be discussed as well as a more detailed account given of the social class and economic aspects of retirement and adjustment to it.

Few of the demographic variables in phase I had any significant relationships to outcome. However, men born outside the United States did report higher morale.[1]

> No, I would not like to live nowhere else besides the United States, no . . . 'cus I was in Italy about 2 years back . . . I took a trip to there. I stay one month there since I . . . you know, a crazy thing. The country is poor and specially when they do see Americans . . . they think like one cent . . . it's like twenty cents over there, see what I mean? I couldn't see that, see? And, I . . . no, I didn't . . . probably I'm used of the United States . . . I see some more of the United States but I could not see living over there, that's the whole story.
>
> Oh, sure, I see lot of my friends and myself. I feel myself free. I feel myself comfortable and I feel, I feel happy. I don't have to be millionaire to feel it. A lot millionaire, they sick, they can't eat, they can't walk, they can do nothing. I want live, that's all.

The nature of religious affiliation did differentiate the high and low health factor and morale factor groups. Protestants were more likely to have good health and high morale and Catholics poor health and low morale. This is particularly interesting in view of Britton's finding that the frequency of attendance at church was significantly related to adjustment.

Nature of Retirement and Length of Retirement and Adjustment

These variables were investigated only in phase I. Men were more likely to report engaging in a number of activities the longer they had been retired. Both men and women were more likely to report adjustment the longer they had been retired. Furthermore, men who had recently retired but not yet adjusted satisfactorily were more likely to report that adjustment was imminent than those who had been retired longer. Those that had been retired longer were more likely to have had jobs since retirement and were also more likely to report being able to use their work skills and to be satisfied with the use of these in retirement. One woman, for example, adjusted nicely by getting a part-time job.

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[1] Relationships are noted only when statistically significant.

> And by the time I got back from my trip I was pretty well acclimated to the state of affairs, but I still felt I wasn't ready to . . . I mean anyway I am much too active to just . . . to just sit around. So I thought I had better get into this thing . . . you know a little bit more slowly than to stop. So I went in, thinking I'd get some Christmas work, you know . . . and got on there, and I . . . my one trouble is not to work any more than I want to work.

The only association between the nature of retirement and subsequent work was found for women. Those women who had chosen to retire were more likely to be engaged in a different occupation and to be using their skills a great deal and to be satisfied with them.

Those who had retired longer were more likely to have seen their doctors for nonroutine health matters and to have spent some time in hospitals (especially men) and also to have incurred medical expenses. Since this association was not noted for age or age of retirement, this does not seem simply to be a function of getting older. Women who had remained longest in their last preretirement job were most likely to have good health, and men who had had higher positions and greater responsibility were more likely to be in good health. These men were also more likely to be white collar workers.

Men who had retired younger were more likely to be satisfied with retirement. When the high and low morale factor groups were compared, the high morale group for men was characterized by greater length of time at the past job and a higher position. Women in the high morale group were also characterized by having held a higher position, by having held greater responsibilities, having chosen to retire, having been white collar workers, and their husbands having held higher positions. The longer the time since retirement, the less likely were women to expect to work. There was a strong association between having chosen to retire and being unlikely to work in the future for both sexes, and again, for both sexes, between having retired young and being unlikely to work in the future.

Sex

While there were a number of relatively trivial sex differences, it is to be noted that more men fell in the upper social class than women and, of course, made more money. Women seemed to be predominantly lower white collar, as might be expected. While there was a tendency for women to be somewhat more active as far as certain kinds of social activities were concerned, especially those involving others, this did not appear to affect the major outcome variable, morale. There were no sex differences in the new morale score, nor in change in morale between old and new.

Marriage and the Household

Two variables which were investigated in phase I, but not subsequently, did have an apparent relationship to morale. Men who had been married longer had a higher morale than those who had been married more recently. Moreover, where separation had occurred, the longer time that had elapsed since this separation, the more likely was morale to be high.

In phase I it was found that the existence of grandchildren significantly differentiated the high and low morale factor groups. This finding was confirmed in phase II. Blue collar workers tend to have somewhat more children, and the presence of children and/or grandchildren is associated with morale change. There was also a tendency for those with children and/or grandchildren to come out higher on the activity ratings.

Two-person households showed a much greater positive morale change than single-person households or multiple-person households (table 1). An illustrative example is that of a female respondent, Mrs. C., who made a point to talk about the fact that she is now home and present with her husband. On the one hand, she seemed to bear some slight resentment about the fact that the husband was home, not working—and retired—while she had been straining herself competing with the men at work whom she felt did not have a high regard for women's ability. On the other hand, Mrs. C. seemed to devote herself to her husband's care with as much pain as she did to her work. She talked about the fact that now she could take her husband for rides when he felt like going some place, and that he wasn't limited to home. Apparently her retirement also coincided with some slight deterioration in the husband's condition so that

Table 1—Household size by morale change: Male retirees

Household size	Positive		Negative		Totals	
	N	%	*N*	%	*N*	%
One-person	1	3.7	3	10.0	4	7.0
Two-person	23	85.2	14	46.7	37	64.9
Multiple-person	3	11.1	13	43.3	16	28.1
Total	27		30		57	

she was needed all the more at home, and this seemed to make for a smoother transition from working to retirement.

In general, furthermore, the larger the household the higher the morale, and it didn't seem to matter who was in the household. The two-person house notably had a middle level of morale, with very high and very low categories being found in the multiple-person household. One possible conclusion is that emotions run higher in more complex interpersonal situations!

Household size was not distributed randomly across social classes. The middle blue collar worker tended to belong to a household of three and the single-person household was most commonly found in the lower white collar worker; these were the widows or older unmarried women. The fact that most of the women in phase II were either living alone or with children (not husbands) does bedevil drawing conclusions from the study findings.

Clearly the experience of retirement as creating a change depends upon the disruption the retirement event causes across all those systems with which the family is engaged. The number of systems may be small and the commitment to only one disrupted, i.e., the work system may loom large. Or there may be many systems involved, each of which is tied to the work-system, i.e., friendship at work, and so each is disrupted by the loss of work. Alternatively, there may be little commitment to the work situation, or people may have many activities outside work which are not altered by retirement. Thus the previous pattern of nonwork activities may give some clue as to the effect of retirement upon the people.

> Well, I . . . while I was there I was friendly, but I find that people that you work with, when the day is over, that's it. You go your way, and they go their's.
>
> (*Interviewer:* So you never saw people from work outside of work?)
>
> No, nobody ever . . . nobody ever looked me up, in any way, shape, or form. I . . . got along ideally with them, the relations were perfect, but I figured that their way of life is changed. And then I say to myself, "Well, how many people have *you* looked up that retired?" And I say, "Well, it probably makes sense. I'm out of the frying pan into the fire, and they're still in the the frying pan." I mean, it makes sense if you figure it out. But the only . . . the only thing, as I say, that bothers you there is, you don't anticipate, there is the letdown of not seeing the people you formerly saw before. It makes you feel, well, as if you're a . . . an unsociable person. You know you're not, but, I mean, you don't need as many people. So you're in the category of a person as if you were unsociable, but you know you're not. You see what I mean? It makes an unrealistic picture of something.

Economics

In this section, data concerning income and the family's feelings about and expectation of retirement with regard to their financial situation will be presented, from both phase I and phase II.

Phase I demonstrated a number of significant relationships between economic variables and outcome variables. In summary form these relationships include the following:

Of the various economic variables, only individual gross income before and after retirement was related to social participation. The higher the income, whether before or after retirement, the more likely were both men and women to engage in a large number of activities and to belong to a large number of clubs or organizations. Men who had a high individual gross income after retirement and a small loss in gross income were more likely to report adjustment. Men reporting high individual gross income (referred to subsequently as income) were also more likely to report adjusting quickly. High income postretirement and low income loss were also related to working since retirement for both men and women. Income being high both before and after retirement was related to using work skills a great deal. Men were more likely to be satisfied with their use of skills after retirement with a high postretirement income and low income loss. They were also more likely to be able to obtain satisfactions similar to those obtainable in work.

High preretirement income was related to good health for men and high postretirement income to good health for both men and women. Satisfaction with health was similarly related, and lack of limitation of activities due to ill health was also related to both high preretirement and postretirement incomes. Men again were less likely to have seen the doctor often if they had high preretirement and postretirement incomes. Both sexes reported that there was less likely to be a bad effect on the family with a high postretirement income. High individual preretirement income significantly differentiated the high and low health factor groups.

Similar relationships existed between high preretirement and postretirement income and the various morale measures. In addition, high preretirement and postretirement income significantly differentiated the high and low morale group. Men who lived in their own homes were more likely to appear in the high morale group than those who lived in apartments.

> The disadvantages that a pensioner has is simply this, that the pension is fixed. But a person working, although the prices go up for them, too, at least they have an increment, an added increment from year to year to offset that. But a person on pension, they don't have that added increment so that people that probably didn't save their pennies as they went along, or own their own home . . . I'd find it much more difficult if I didn't own my own home.

Most of the major studies in the literature confirm the findings reported below, that there is a strong relationship between objective and subjective assessments of income and measures of adjustment. In all instances high income and low income loss was related to good adjustment, and moreover, although not analyzed in this particular study, subjectives assessments of income status and experience of problems with regard to finance were also related to adjustment. Subjects reporting that their main concern now was their financial problems (as opposed to the more positive items, "being able to do as they liked" or "being able to keep busy") were found significantly to lie in the low health and low morale group.

> Oh, definitely, you must meet it. I think with all of us as individuals the important thing is financial security. If you feel that you have pretty well covered yourself and have no financial worries, you can . . . you can take retirement without any great shock. I should think it would be very miserable for an individual who hadn't prepared for it financially. Do you know what I mean?

This relationship differentiated high and low health groups, as well as high and low morale groups.

Roughly half of the phase II sample experienced at least some financial restrictions after retirement, but only 11.3 percent felt that there were many financial restrictions.

While the reality turned out to be somewhat similar for the various groups, men were somewhat more optimistic than women, and retirees more optimistic than nonretirees regarding their anticipations.

Asked whether their expectations, whatever their direction, had come true, most of the phase II retirees report positive expectations coming true and a small minority negative expectations coming true. This clearly suggests that the apprehension is worse than the reality.

Expectations with regard to income showed that again things turned out rather better than people had believed, although the relationship is not as strongly positive as with the experience of financial restrictions. Over three fifths in each of the four categories of the sample found that they realized their expected income.

More specific data regarding the ways in which the sample dealt with their financial situation revealed that just over one half did not feel any restrictions and a total of three fifths felt unspecified or no restrictions. About one fifth of the sample felt that they had to cut down, a very small proportion (under 5 percent) had to work, about one tenth had to plan carefully, and again a minute proportion felt that there was no way at all of coping. In other words a sizeable minority had to deal with a somewhat difficult financial situation but did not experience this as excessively difficult and did indeed mostly find ways to handle it.

People's subjective expectations toward their financial situation, regarded in retrospect, showed that over three fifths of the total sample felt that they had been realistically optimistic. Only 6 percent felt that their optimism had been unrealistic. Nearly one quarter however had been anxious, and, interestingly enough, only 8 percent had denied the problem by avoiding thinking about it.

These economic variables can now be examined in more detail. Table 2 shows that retirees with positive expectations find them confirmed, and those with negative expectations find them disconfirmed. This is also true for that significant subgroup, the spouses of the retirees.

Table 2—Anticipated financial situation and income expectations: Retirees

Income expectations verified	Anticipated financial situation							
	Negative		*Positive*		*Neutral*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
No	15	75	14	24.6	1	33.3	30	37.5
Yes	5	25	43	75.4	2	66.7	50	62.5
Total	20		57		3		80	

Social class and income are of course fairly closely related, although this is not necessarily self-evident since the Edwards Scale used in this study is based on occupational category and not on income. But since there is clearly a close correlation between occupational level and income the finding is not surprising. There is no clear cut relationship between the experience of financial restrictions and social class, although we should note (table 3) that the upper white-collar and upper blue-collar classes experienced the least financial restrictions. The lower white-collar class of course is that group which consists mostly of the women retirees who are living alone.

Table 4 confirms there really seem to be two streams here, with blue-collar workers split between relatively low and relatively good financial situations and expectations, and a second stream of white-collar workers split similarly. The upper blue-collar workers were the highest group in terms of the positiveness of their anticipated financial situations and their optimism is justified in table 5. Women, incidentally, seem to have been more anxious about their future than turns out to have been warranted by events.

The experience of restrictions is definitely income related as well as social class linked (table 6).

Economics clearly affects, or is influenced by, morale. Those male retirees who experienced a low degree of financial restrictions have high morale (table 7).

Table 3—Social class by financial restrictions: Retirees

Financial restrictions	Social class											
	Low blue		*Middle blue*		*Upper blue*		*Lower white*		*Upper white*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Many			3	18.7	3	11.5	4	22.2	1	4.2	11	12.4
Some	4	80.0	6	37.5	9	34.6	6	33.3	9	37.5	34	38.2
None	1	20.0	7	43.7	14	53.8	8	44.4	14	58.3	44	49.4
Total	5		16		26		18		24		89	

Table 4—Social class by anticipated financial situation: Retirees

Anticipated financial situation	Social class											
	Low blue		Middle blue		Upper blue		Lower white		Upper white		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Negative	1	20.0	5	29.4	3	12.0	5	27.8	5	25.0	19	22.5
Neutral	3	60.0	2	11.8	1	4.0	1	5.6	5	20.8	12	13.5
Positive	1	20.0	10	58.8	21	84.0	12	66.7	13	54.2	57	64.0
Total	5		17		25		18		23		88	

Table 5—Social class by financial expectations realized: Retirees

Financial expectations realized	Social class											
	Low blue		Middle blue		Upper blue		Lower white		Upper white		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Negative True			1	11.1	1	6.7	3	21.4	1	8.3	6	12.0
Positive True			8	88.9	14	93.3	11	78.6	11	91.7	44	88.0
Total			9		15		14		12		50	

Table 6—Gross income by financial restrictions experienced: Retirees

Financial restrictions	Income level *$1000-$4000*		*$4000-$8000*		*$8000+*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Many	6	23.1	4	8.9	1	6.7	11	12.8
Some	12	46.2	19	42.2	2	13.3	33	38.4
None	8	30.8	22	48.9	12	80.0	42	48.8
Total	26		45		15		86	

Table 7—Morale score by financial restrictions: Male retirees

Financial restrictions	Morale *Low*	*Medium*	*High*	*Total*
Some	6	18	5	29
None	1	7	18	26
Total	7	25	23	55

Table 8—New morale score by income expectations verified: Retirees

Income expectations coming true	*Low*		*Medium*		*High*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
No	6	46.2	17	47.2	5	17.9	28	36.4
Yes	7	53.8	19	52.8	23	82.1	49	63.6
Total	13		36		28		77	

Furthermore the realization of expectations is also related to morale, since the high morale group much more often had their expectations come true than the low morale group (table 8).

Social Class

A social class index was not compiled for phase I, education and occupation being treated separately. The major findings from this phase are detailed here before the more specific conclusions to be derived from phase II are presented.

Men with higher education and occupation were more likely to have a larger number of activities as was true of both men and women who belonged to a larger number of organizations. Women with higher education and occupation were more likely to report that they were adjusted at the time of the interview. It appeared that for both sexes higher education and occupation were positively related with being able to use their skills a great deal in retirement. Higher education and occupation were both associated with reports of good health for both sexes. Again changes in satisfaction and in health status since retirement were related to high education and occupation for women. Men of higher education and occupation were less likely to have seen the doctor much since retirement and reported fewer stays in the hospital. They were also likely to have had fewer medical expenses. The effect on the family was less for those of higher education and occupation. Lastly, women of higher education and occupation reported fewer physical complaints since retirement.

Both men and women of high education and occupation reported a high satisfaction with retirement, and women were more likely to be generally satisfied. Occupation was associated with a high score on the morale index for both sexes but education and morale were associated only for women. Education differentiated the high and low morale groups on the morale factor score for women, and high occupation differentiated the two groups for men. Men of higher education were less likely to be satisfied with themselves, and those of high occupation likewise. However, in each instance they were more likely to report this stage of life as being good, but were also more likely to report that they needed to make major changes in this stage of their lives. Women in either category were more likely to report being able to accept this stage of life happily.

Phase II used the Edwards Classification, and the distribution of the sample on both this and the U.S. Census can be seen in tables 9 and 10.

Table 9—Classification of sample on the basis of U.S. Census: Retirees

U.S. Census classification by job	*Male*		*Female*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Laborers	3	4.8	2	6.5	5	4.8
Services	4	6.5	3	9.7	7	6.8
Operative	8	12.9	2	6.5	10	9.7
Craft	22	35.5	4	12.9	26	25.2
Clerical	4	6.5	14	45.2	18	17.3
Managers	11	17.7	1	3.2	12	11.8
Professionals	10	16.1	5	16.1	15	14.4
Total	62		31		93	
% of Total	60.2		30.1			

Table 10—Classification of sample by social class: Retirees

Edwards Social Scale	*Male*		*Female*		*Total*	
	N	%	*N*	%	*N*	%
Low blue collar	3	4.8	2	6.5	5	5.8
Middle blue	12	19.4	5	16.1	17	17.5
Upper blue	22	35.3	4	12.9	26	27.2
Lower white	5	8.1	14	45.2	19	22.3
Upper white	20	32.3	6	19.4	26	27.2
Total	62		31		93	

Since many of these findings have already been mentioned in passing or will be in other chapters, additional findings and general conclusions only will be discussed here. One major theme that emerged was that apparently there really were two streams, the blue and the white collar, and that upper blue collar individuals were in many respects like upper white. Both lower blue and lower white preferred working to retirement and upper blue clearly preferred retirement.

> I retired very eagerly because, you know, you're getting older, you know, the demands are just the same as if you were younger. And I think most people working in a factory, as they get older I think they're counting the days to retirement 5 and even 10 years ahead of time. If you ask them humorously how many more Fridays, they can tell you right to the one. And, I think the reason for that, essentially, is the fact that they're getting older. And . . . people that run a factory, they can't ask you how old you are or give you less work to do, they gotta . . . there are fundamentals that have to be met, issues that have to be met. And, I think that . . . I think for that reason that people are glad to retire, as they get older, because it takes more out of them to do the same work that they did when they were younger, especially if they've been there a long time. I think that's a . . . I think that's a good answer to that question. I don't think it's any reflection on the company you work for. I think it's a natural impulse based on the fact that you're getting older and still you've got work to do directly in proportion with the work you had to do when you were young.

Needs appeared to be class related, since lower classes selected as their primary needs "security" and "interesting experience" and "social motives," while the upper three classes seem to have a broader range of needs. Need satisfaction (discussed below) seemed to increase with class level.

Generally speaking, the expected kinds of relationships were seen with upper blue collar workers seeming to be best adjusted in spite of the fact that their income levels were below those of upper white collar workers. Upper white collar women felt that the importance of their job and its suitability were more important than did lower class women. The analysis for men showed more markedly that the middle and upper blue collar classes preferred retirement while those in the middle and upper class preferred working. White collar retirees entertained more. And lastly white collar retirees, in terms of needs, ranked self-expression as highest, while blue collar retirees ranked interesting experience or need for leadership as their highest need.

7

retirement expectations and attitudes toward work

Equal numbers of male and female retirees felt positively toward retirement, nearly three fifths in each case. A smaller number of the nonretirees were as positive, 50 percent of the women and 33.3 percent of the men. The main positive reason given for looking forward to retirement was the general category "to do things" (somewhat over one third of male retirees and nearly half of the females):

> Well, yes, I had, but not . . . not in any way that frightened me. I just sort of planned for it. . . . Of course I knew I would have my pension and social security and I figure I could . . . that I could earn money myself and I was looking forward to being free from having my nose to . . . so close to the grindstone. But when you have a job of that nature you are tired.

but the two other major categories were essentially negative and had to do with being unhappy at work—essentially avoiding bad conditions.

> Well, I feel . . . well, I felt this way. I was alone. I figure I get the pension by myself and I figure how much I was gonna get and these days, I think I ought to have enough. I can support myself with the pension I will get. And they say wait until sixty-five, and I say if I can even work there until sixty-five, they're gonna kill me before I be sixty-five, and I say, "Oh, no." So then, thank God, the form of the Government of the United States they give me the opportunity to quit, to quit work at the age of 62, so I left.

Those who did not look forward to retirement gave as their major reason—for men—fear of the unknown, financial worries, or letdown, and—for women—missing their friends. Table 1 shows the relationship between expectations and their fulfillment.

Three quarters of the retirees had positive rather than negative expectations and a similar number found that their expectations came true. Nonretirees were somewhat more pessimistic, but rather more accurate in terms of their expectations coming true. Lower white collar workers were those most positive about retirement, while the upper white collar workers were more negative than was expected.

Table 1—Expectations for retirement

Expectations vs. not expected		*Retirees*		*Nonretirees*		*Total*			
						N		*%*	
	Expected	49		25		74		58.3	
Positive			62		30		92		72.5
	Not expected	13		5		18		14.2	
	Expected	8		10		18		14.1	
Negative			21		14		35		27.5
	Not expected	13		4		17		13.4	
Total		83		44		127			
% of Total		65.4		34.7				100.0	

The correlation between morale and attitude toward retirement revealed that there was a strong relationship between high morale and positive attitude to retirement, whether it turned out as expected or unexpected. While few people found that things were much better after retirement, none of the high morale people found anything worse.

Turning to the relation between expectations and income, income did not differentiate fulfillment of expectations, i.e., there was no difference for any income categories between the proportion of expectations fulfilled or not. Low and middle income people did have an improved sense of well-being, while more high income people perceived no improvement after retirement. Although the finding was not significant but indicative, it was further evidence that low incomes did not seem to be associated with many postretirement problems.

So far, little mention has been made of retirement itself and its relationship to work and to the loss of the working experience. People of different social classes engaged in different occupations, the loss of which had a different meaning. Moreover these classes had differing needs and were rewarded differently. The consideration of the loss of work is a link to the next chapter, which will focus more upon subjective and psychological variables. In this section people's feelings about work, and about the importance of having a job will be discussed.

By far the majority of the sample liked their work (table 2).

Liking the job was much more important for men than for women as table 3 shows.

Finally table 4 demonstrates that for over one third of the men, their job was the most important thing in their lives, while it assumed much less importance in the lives of women.

> Uh, the . . . the feeling that, uh, the activity and the feeling that, uh, you're wanted, you're important to the world or something like that. That's it.

Table 2—Attitudes towards work by sex: Retirees

Attitudes toward work	*Male*		*Female*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Disliked	1	1.6	1	3.2	2	1.9
Neutral	15	24.2	7	22.6	22	24.3
Liked	46	74.2	23	74.2	69	73.8
Total	62		31		93	

Table 3—Importance of liking the job to subjects by sex: Retirees

Importance of liking the job	*Male*		*Female*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
Liking doesn't matter	6	10.2	8	25.8	14	17.0
Liking matters	31	52.5	11	35.5	42	45.0
Having a perfectly suitable job	22	37.3	12	38.7	34	38.0
Total	59		31		90	

Table 4—Importance of job in the context of person's life by sex: Retirees

Importance of job in life context	*Male*		*Female*		*Total*
	N	*%*	*N*	*%*	*N*
Not important	3	4.9	5	16.1	8
Somewhat important	35	57.4	22	71.0	57
Most important thing in life	23	37.7	4	12.9	27
Total	61		31		92

And yet table 5 suggests that rather more men than women preferred the retired status, as exemplified in the following remarks by two female retirees:

> You feel lost when you're at home . . .—that's why I stayed home while I was collecting unemployment . . . and after that a friend of mine was working up in the bakery and she asked me if I'd like to go up and work part-time with her . . . So I worked 5 hours a day . . . Love it . . . and it gets me out . . . I was getting bored.

* * * * *

> In just about a month after I retired . . . I just felt that I wasn't ready to sit around . . . and__er__I thought that the sooner I got back . . . to doing something the better . . . I went for a month . . . then I came back and got this job . . . and went to work part-time.

Table 5—Preferences with regard to work by sex: Retirees and their spouses

Preferences in regard to work	*Male*		*Wives*		*Female*		*Husbands*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Working	21	35.0	14	36.8	12	41.4	1	16.7
Retirement	39	65.0	24	63.2	17	58.6	5	83.3
Total	60		38		29		6	

Different classes evidently felt somewhat differently about work, as table 6 indicates, although this was not entirely simple, since both upper blue collar and upper white collar workers felt more strongly than middle blue and lower white.

This association is again seen in table 7.

However, in table 8 the relationship reverts to a straight social class one: white collar workers preferred to continue to work while blue collar workers preferred retirement.

> Course the way the people working up there, see, now the machine start to go around, you stay one place all day, like a dog with a chain on leash, that's right, and the shoes come in your place, where you working, and you put a part which come line up, see, they have a time study__they study your motion, do this one time and do this__and you gotta is what they're telling you. That's what I call slavery.

The preference for white collar workers to continue to work and for blue collar workers to cease was even more significant for men than for women. Those who liked retirement clearly had high morale, although the two conditions have similar aspects (table 9).

Table 6—Importance of liking the job by social class: Retirees

Importance of liking job	Social class											
	Lower blue		*Middle blue*		*Upper blue*		*Lower white*		*Upper white*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Liking doesn't matter	2	50.0	5	31.2	2	7.7	4	21.1	1	4.0	14	15.5
Liking matters	—	—	7	43.7	12	46.2	11	57.9	12	48.0	42	46.7
Job completely suitable	2	50.0	4	25.0	12	46.2	4	21.1	12	48.0	34	37.8
Total	4		16		26		19		25		90	

Table 7—Importance of job in life context by social class: Retirees

Job Importance in life context	Social class											
	Lower blue		*Middle blue*		*Upper blue*		*Lower white*		*Upper white*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Not important	2	40.0	2	11.8	1	4.0	3	15.8	—	—	8	8.7
Importance doesn't matter	1	20.0	12	70.6	16	64.0	14	73.7	14	53.8	57	62.0
Job most important thing in life	2	40.0	3	17.6	8	32.0	2	10.5	12	46.2	27	29.3
Total	5		17		25		19		26		92	

Table 8—Social class by preferences in relation to work: Retirees

Preferred status	*Lower blue*		*Middle blue*		*Upper blue*		*Lower white*		*Upper white*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Working	3	60.0	6	37.5	3	11.5	10	52.6	11	47.8	33	37.1
Retired	2	40.0	10	62.5	23	88.5	9	47.4	12	52.2	56	62.9
Total	5		16		26		19		23		89	

There was a suggestion in the findings that the greater the investment in work, the greater the tendency there was for morale to fall after retirement.

> Yeah, I've got a promise of a job with, umn, that's why I'm so happy today. I've got . . . uh, first time, I've got a promise of a job, right around here some place. They didn't say yes or they didn't say no, but I've been walking on air, uh, all day yesterday and last night and everything so . . .

Table 10 shows the relationship between income and the importance of the job in one's life context. There is a highly significant relationship between the salience of a job and one's income level.

This chapter then concludes with a reiteration that there are indeed, as might be expected, class differences in the meaning of work, but that, for the most part, the retirees in this sample seemed to be adjusting well to the not too traumatic realities of their retirement.

Table 9—Morale by work preference: Retirees

Preference in relation to work	**Morale**							
	Low		*Medium*		*High*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Prefer working	8	53.3	19	48.7	5	16.7	32	38.1
Prefer retirement	7	46.7	20	51.3	25	83.3	52	61.9
Total	15		39		30		84	
% of Total	17.9		46.4		35.7		100.0	

Table 10—Gross income by importance of job in life context: Retirees

Job importance in context of life	**Gross Income**							
	$1000-4000		*$4000-8000*		*$8000+*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Not important	3	11.1	4	8.5	1	6.7	8	9.0
Fairly important	22	81.5	27	57.4	6	40.0	55	61.8
Most important thing in life	2	7.4	16	34.0	8	53.3	26	29.2
Total	27		47		15		89	

8

the psychology of retirement

In this chapter the subjective experience of retirement, as expressed both in response to questions asked by interviewers, as well as to systematic rating instruments, is reviewed. The chapter starts with a discussion of the relatively crude measures derived from phase I, including an evaluation of the effect of leaving the last job at retirement, both qualitatively and quantitatively, the degree to which respondents were able to conceptualize the retirement process, and a simple estimate of change style. Phase II measures, then discussed in turn, include such subjective measures as attitude towards retirement, life satisfaction and happiness before and after retirement, and respondents' evaluations of presently important activities. Finally the three rating scales: the inner-outer scale, the self-questionnaire of self-esteem, and the mental health scale, are presented, and the chapter concludes with a discussion of needs.

Effects of Leaving Last Job

The effect of leaving the last job was rated in two dimensions, size (large or small), and qualitatively (good or bad). Those who reported the effects as being generally nondisruptive—i.e., small, and beneficial—were also likely to report that they were socially active. They were more likely to report that they had adjusted to retirement, to have high morale and to be using their work skills in the retirement situation. Men were also more likely to be gaining satisfactions in the retirement situations similar to those that they had obtained at work. Experiencing a positive effect when leaving was associated with a present report of good health, high satisfaction with one's health status, and a favorable change in one's health. Such people had fewer and briefer stays in hospitals. Women generally complained less about physical symptoms and both sexes were much less likely to score high on the health factor. Finally this group was less likely to wish to work in the future and more likely to accept the retirement situation with equanimity.

Conceptualization of Retirement

In the phase I interview the interviewers were asked to rate the subjects on their conceptualization of the retirement process. It was felt that people who were more able to grasp the nature of the situation that they were facing would better be able to deal with it.

> *Interviewer:* Would you say that retirement has had any effect on you, good or bad?
>
> *Retiree No. 1:* Better ask that question of the wife. For me, no—after all I had 20 years to look forward to it and to plan it and was orientized so I suppose I sort of prepared myself . . . to the thoughts of retirement . . .
>
> *Retiree No. 2:* I had accepted retirement as being a fact of life and actually in the 10 years prior to the actual retirement date I had solidified my expenses and way of life and everything to meet it so that when I did actually retire, it was without any shock.

However, it was found that for men, failure to adjust was associated with a high degree of conceptualization of the process. So that perhaps those who saw it clearly had a better sense of the problems involved or possibly the reverse—those who had problems were forced to see the process more clearly. Those conceiving of it clearly were more likely to belong to more clubs and organizations, to have worked since retirement, and less likely, especially men, to be satisfied with the use of their work skills after retirement. Nor were such men able to get a satisfaction in retirement similar to the kind they had obtained before retirement. These high conceptualizers were also more likely to have good health and a favorable health change.

A second variable also examined was the style with which people dealt with retirement. Was this relatively active or relatively passive? Those who were active were also more likely to belong to a large number of clubs and engage in many social activities. That, of course, followed. But those actively dealing with retirement were also more likely to be adjusted and to have worked since. They were more likely to feel satisfied with the use of their skills in the retirement period, and more likely to be and to feel healthy. They were less likely to have spent time in hospitals or suffer physical complaints. They were more likely to have generally good health and high morale. So while conceptualization of retirement as a predictive factor is somewhat more complicated than at first glance, and appears to be a function or having had to face some kinds of difficulties, an actively engaging style does appear to carry a favorable connotation.

Change Style

Another stylistic variable in phase I was an attempt to characterize the ways in which the respondent had dealt with change in the past. It was felt that those who had generally experienced change as a positive phenomenon and who engaged in it actively were likely to experience major changes in their lives as opportunities rather than threats and to benefit by them. One problem in elucidating this style is that the mere asking of a couple of questions about how the past was experienced and handled is not a very effective way of disentangling a generalized subjective state in the present from a past experience.

> Over the years of my work with the company I met all types of people of course. Some very aggressive and some very complacent. I've met both types since retirement. Those who were complacent on the job are still complacent. They're happy, maybe they're a little lazy. Some of the others have either gone off and taken other assignments in an effort to keep active or are somewhat disgruntled.

In other words, those who felt good may have viewed all past experiences with a retrospective glow, while those who were experiencing pain may have looked upon the past with disfavor. This halo effect clearly bedevils many of the subjective kinds of phenomena investigated. But in any event it was found that those with a positive change style were more likely to be active in the present, to be adjusted in the present, and to have adjusted quickly rather than slowly. They were more likely to be satisfied with the present use of their skills and to be healthy and of high morale. So at least these findings are indicative, if not conclusive, of a favorable relationship.

Attitude Toward Retirement

Table 1 shows that over half of the individuals in the study felt positively toward retirement, although a large minority had negative feelings. This was true for each of the four responding groups. Of course their feelings do change.

> Well, I don't think that's a very big crisis. Most people look forward to it and, uh, they think it's gonna be nothing but fishing, and uh, and hunting and this stuff and that. But 3 months of that, you . . . fishing poles and throw them away and you're not interested in that anymore. Uh, a man has to work, he has to feel as though he's doing something.

The feelings about retirement appear to some extent to be class related. Table 2 shows that upper white collar workers were most like middle blue collar workers in that over one third had negative views toward retirement. Upper blue collar workers, however, were preponderantly positive and lower white collar workers were intermediate between the two.

Table 1—Attitudes towards retirement by sex/retired status

	Sex/retired status									
Attitude towards retirement	*Male retirees*		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
No thoughts	1	1.7	2	33.3	3	10.0	2	4.8	8	5.8
Negative	18	30.0	2	33.3	6	20.0	14	33.3	40	29.0
Ambivalent	7	11.7	—	—	4	13.3	5	11.9	16	11.6
Positive	34	56.7	2	33.3	17	56.7	21	50.0	74	53.6
Total	60		6		30		42		138	

A positive attitude toward retirement was significantly linked to high morale and negative attitude to low morale. There was also a tendency for those with positive attitudes toward retirement to be more active in social matters than those with negative attitudes. This finding is not significant but the trend is clear, as contrasting respondents demonstrated.

> No, I don't think there's been any real satisfying event in my life since I've retired. Now that is a very pointed question, isn't it? Not utterly, because you can't help but feel that you're just wasting your time. I like to see that the sun is bright when the flowers grow and the grass nice and green but not notably does it offer satisfaction at all.

Contrasting response:

> Well, that's a good question: I can answer that very directly. I know that some men and some women, but more especially more men, they can't . . . they cannot take retirement. I know of some cases like that. And in some cases I know that the wives of these men can't stand it, they dread having their husbands home. But, in my particular instance to be direct and personal to myself, my wife looked forward to my retirement more than I did. Now, actually, I help her with the chores so that she can get things done quicker and have more leisure time. I can help her with certain phases. And, uh, then again, a lot of men, they can't content themselves with, uh, they can do physical work but they can't content themselves with mental work. Now I love to work out cross-puzzles. I have a fanatical zeal for them. I didn't start it till a few years ago, but . . . I used to do the Herald puzzle but that got sort of too easy for me. Now I do the Globe puzzle, and I can get that pretty near accurate to a T, and that's pretty good because they're difficult. And, uh, I can pick out . . . I like the *Reader's Digest*, I read that from cover and cover, all but the ads, I don't care for them. And, uh, I get my little (company) paper, I read that. And then I help my wife with the shopping, we have our friends, we have a little church activities.

Table 2—Social class by attitude towards retirement: Retirees

Attitude towards retirement	Social class											
	Lower blue		*Middle blue*		*Upper blue*		*Lower white*		*Upper white*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
No thought	1	25.0	1	5.9	1	4.2	—	—	1	3.8	4	4.4
Negative	2	50.0	6	35.3	2	8.3	4	21.1	10	38.5	24	26.7
Ambivalent	—	—	1	5.9	6	25.0	3	15.8	1	3.8	11	12.2
Positive	1	25.0	9	52.9	15	62.5	12	63.2	14	53.8	51	56.7
Total	4		17		24		19		26		90	

Life Satisfaction Before and After Retirement

The subjective experience of the retirement process, as expressed in table 3, shows that the spouses were largely satisfied before retirement while nearly half of the retirees had at least mixed feelings about life.

Men seemed a little more satisfied than women. This seems to have evened out after retirement (see table 4), since more of the retirees expressed themselves as being happier than previously, while fewer of the nonretirees expressed themselves in that way.

But it should also be noted that more of the retirees were less happy now, so it looks as if retirement has meant more of a change, whether up or down, for the retirees than for the nonretirees, as might be expected.

As an understanding was sought of what it is that contributes to the feeling of being satisfied with life, it was found that money does not seem to be a factor before retirement (table 5).

However, it certainly does become a factor in the post-retirement period, (table 6), where a definitely larger group of those earning higher incomes reported themselves as happier following the retirement process.

Table 3—Satisfaction with life before retirement by sex/retired status

	Sex/retired status									
	Male retirees		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
Life satisfaction before retirement	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Unhappy	1	1.6	—	—	2	6.5	2	4.5	5	3.5
Mixed emotion	27	43.5	3	42.9	16	51.6	6	13.6	52	32.1
Satisfied	34	54.8	4	57.1	13	41.9	36	81.8	37	60.4
Total	62		7		31		44		144	

Table 4—Satisfaction with life after retirement by sex/retired status

	Sex/retired status									
	Male retirees		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
Satisfaction with life after retirement	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Less happy	13	21.7	1	14.3	6	19.4	6	13.6	26	18.3
As happy	25	41.7	2	28.6	11	35.5	23	52.3	61	43.0
Happier	22	36.7	4	57.1	14	45.2	15	43.1	55	38.7
Total	60		7		31		44		142	

Table 5—Income by life satisfaction before retirement: Retirees

Life satisfaction before retirement	Income							
	$1000-4000		*$4000-8000*		*$8000+*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Unhappy	2	7.1	—	—	1	6.7	3	3.3
Mixed feelings	13	46.4	22	46.8	7	46.7	42	46.7
Satisfied	13	46.4	25	53.2	7	46.7	45	50.0
Total	28		47		15		90	

Table 6—Income by life satisfaction after retirement

Life satisfaction after retirement	Income							
	$1000-4000		*$4000-8000*		*$8000+*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Less happy	10	35.7	8	17.4	1	7.1	19	21.6
As happy	13	46.4	15	32.6	7	50.0	35	39.8
Happier	5	17.9	23	50.0	6	42.9	34	38.6
Total	28		46		14		88	

> Well, it's____to tell the truth____I'm more satisfied at present than I was when I used to work. And this is God's truth, no complaints. I'm not hungry. I'm living like a millionaire. No worry. I don't have no person to give me a half-a-dollar, a dollar, you see what I mean? I don't want to be rich. I alone here, just as good as anybody else. I don't want to have millions in the bank and then I go to sleep and then I can't sleep. I can sleep, see what I mean? So long as you got your health, you sitting at table, you eat what you can afford to eat__glass of wine, you be satisfied.

Although life satisfaction was strongly related to income, there did not appear to be any difference in life satisfaction, according to social class, before or after retirement. There was an expected correlation between high morale and satisfaction with life before and after retirement.

The relationship between satisfaction with life and engagement in social activities (tables 7, 8) yields the interesting conclusion that while the medium activity group changed little, the high activity group of retirees became happier following retirement.

However, a consideration of similar tables broken down by sex shows that women in fact had an even distribution across the categories, and so evidently the importance of retirement in relation to social activity was more significant for men than for women. One interpretation of this phenomenon would be that work was experienced by men with a high

Table 7—Life satisfaction before retirement by activities: Retirees (partial table)

Life satisfaction before retirement	Activities Medium	 High	Total
Mixed feelings	14	21	35
Satisfied	18	11	29
Total	32	32	64

Table 8—Life satisfaction after retirement by activities: Retirees

Life satisfaction after retirement	Activities Medium	 High	Total
Less happy	9	4	13
As happy	14	11	25
Happier	7	18	25
Total	30	33	63

need for social interaction as a constraint which was relieved following the retirement process. Female retirees, moreover, did not have the same association of morale with life satisfaction, although income did make the same kind of difference to them as to men.

Happiness and Unhappiness Before and After Retirement

> I don't like to classify it as happiness or unhappiness, let's just say I seem to be more indolent. I'm not in any sense unhappy. I don't reach any heights of ecstasy over what happens.

When people were asked the reasons for their happiness before retirement, the first reason that they gave was categorized and the categories are shown in table 9. There was a very random distribution across categories with little clustering; in other words, diversity characterized the sample.

Table 10, which shows the reasons given for happiness after retirement, shows that reasons now can be clustered into four major headings: personal relationships, positive attitudes towards self and others, health, and (less important) financial security.

> Well, my dear girl, I__telling the God's truth__I haven't got no complaints, healthy, happy, that's the truth. I'm a happy man in other words, that's all.

• • • • •

Table 9—First reasons given for happiness preretirement by sex/retired status

	Sex/retired status									
First reasons given	*Male retirees*		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Health	4	6.8	—	—	—	—	—	—	4	3.0
Financial security	—	—	—	—	—	—	4	10.0	4	3.0
Relation to spouse	17	28.8	1	14.3	5	17.2	15	37.5	38	28.1
Relation to family	4	6.8	—	—	7	24.1	1	2.5	12	8.9
Work-routine	13	22.0	—	—	6	20.7	3	7.5	22	16.3
Success	1	1.7	—	—	1	3.4	—	—	2	1.5
Activity	6	10.2	2	28.6	1	3.4	2	5.0	11	8.1
Attention to others	1	1.7	1	14.3	2		5	12.5	9	6.7
Fun	13	22.0	3	42.9	7	6.9	10	25.0	33	24.4
Total	59		7		29	24.1	40		135	

Table 10—First reasons given for happiness after retirement by sex/retired status

	Sex/retired status									
First reasons given	*Male retirees*		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
Health	12	20.0	—	—	3	9.7	5	11.6	20	14.2
Financial security	6	10.0	—	—	1	3.2	4	9.3	11	7.8
Personal relations	16	26.7	3	42.9	5	16.1	16	37.2	40	28.4
Positive attitude	19	31.7	4	57.1	18	58.1	15	34.9	56	39.7
Miscellaneous	7	11.7	—	—	4	12.9	3	7.0	14	9.9
Total	60		7		31		43		141	

> Well, I'm happy, you see, in a way to tell you the way I told you before, you know, free, you know, free, you know, I can do what I want and sometime you know, you see the job that slipped behind like around the house, the shrubberies and all like that. I have those hobbies, you know, that's why I'm a happy man. I have those hobbies and I'm busy in that way, you know. I'm occupied all the time, you know.

One not unreasonable conclusion might be that there was a smaller range of things from which these people gained satisfaction in the retirement period. Reasons for happiness after retirement seem in part to be determined by or related to morale since low-morale people were concerned with health or security or personal relations while more often, high-morale people cited positive self-attitudes or relations with others as the first reason for happiness. However, this is only suggested by the tables; it is not a valid conclusion.

> There is a let-down that you don't meet the people you formerly met before, you feel strange, you know, and you don't feel . . . oh, I've been back to__once, and I don't have the urge to go back anymore. I have nothing in common with them. But, while I was there, the relationship was wonderful and, uh, I'm not . . . Well, I think . . . I think things have been smooth. I . . . I think I felt a little, uh, I don't know whether you'd call it bitterness or . . . it was kind of an eye-opener to think that, oh, you get along so wonderfully with people while you're there. When you get out, you're the forgotten man. I mean, uh, and, but when I try to visualize it, I like to visualize things, and, uh, I think, well, it's a way of life, it's something that's got to be. You can't . . . you can't expect people in a busy . . . they have their busy work-a-day world. And I know you can't expect them to detract from what they're doing, uh, to run after people that are retired. It doesn't seem to make sense.

Currently Salient Activities

Two questions were asked: What is the most important thing in life now? And what are your most meaningful activities? Table 11 is a condensation of the items listed as the most important things in life now, and shows that men were more concerned with freedom and women with health.

Table 12 (most meaningful activities) shows that most people were grateful for just being alive and healthy, and that they valued their interpersonal relationships.

> I care the most every once in a while I have a little company, I gone out, get a little time, and I don't think nothing__you relax your mind, you eat, right? And when you come home, sleep right, that's all.

Intriguingly, male nonretirees seemed to express their independence more strongly than the other groups.

Table 11—Subjects' classification of the most important thing in life now by sex/retired status

Most important thing in life at the present	Sex/retired status									
	Male retirees		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
Spouse	9	15.0	1	14.3	1	3.7	13	31.0	24	17.6
Other family	14	23.3	—	—	3	11.1	9	21.4	26	19.1
Freedom	18	30.0	3	42.9	4	14.8	2	4.8	27	19.9
Health	14	23.3	1	14.3	11	40.7	12	28.6	38	27.9
Other	5	8.4	2	28.6	8	29.6	6	14.3	21	15.5
Total	60		7		27		42		136	

Table 12—Most meaningful activities now by sex/retired status

Most meaningful activity now	Sex/retired status									
	Male retirees		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
Being alive and healthy	26	44.1	1	14.3	11	40.7	18	42.9	56	41.5
Interpersonal relations	14	23.7	1	14.3	4	14.8	16	38.1	35	25.9
Independence	5	8.5	4	57.1	3	11.1	3	7.1	15	11.1
Total	45		6		18		37		106	

In passing, it is noteworthy that there was a tendency for those with low morale to be most concerned about being alive and healthy, while the high morale group had a broader range of activities and interests.

> Well, I was lucky because I have a big yard and a garden and a . . . and a lot of work to do there. I . . . it takes me a day to cut . . . to mow that grass in the summer. from the beginning of April running right up until November, I'm busy with all kinds of housework. No . . . I have no problem that way, except, that that does get boring after awhile because it's like a pile of work that never comes to an end. By the time I'm through mowing that grass and go and do something else, that's a couple of days, it's ready to mow again and that takes a whole day for that. So I have no problem there, except in the winter, there was nothing to do. And then, I've only been out a year and this last winter I've been painting inside. So I have no, uh, problems so far as that kind of work is concerned. But I didn't think that was important. I mean I'd rather be working for somebody that thought that, uh, I was worth enough to pay me money for.

• • • • •

> The most important thing in my life right now? I would say to keep in good health because when you've lost your health (laugh) you might as well cash your chips and forget the whole thing.

Personality Measure: Inner- or Outer-Directedness

One of the personality measures used in the study gave a measure of the degree to which the sample was inner- or outer-directed. This was measured on a 6 point scale, 1 being highly outer-directed and 6 being highly inner-directed. Table 13 shows that the sample was at neither extreme, but tended to be more outer-directed than inner-directed. There were no differences between groups on this measure.

However, this measure was strikingly related to social class: male blue collar workers were seen to be more outer-directed than were male white collar workers, although this was not true for women (table 14).

Self-Questionnaire

This measure of self-esteem shows (see table 15) that our sample was generally of high self-esteem, and that there were no major differences between groups.

However, two exceptions to the general rule are indicated by the following exchange:

> *Interviewer (commenting):* But although it was without shock, it was not your desire to retire.
>
> *Retiree No. 1:* No. I'm willing to agree with that. It deflates your ego, you know what I mean, in a sense__well, now, you've reached that age, now

Table 13—Inner-Outer directedness by sex/retired status

	Sex/retired status									
	Male retirees		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
Directedness	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
2 Outer	21	41.2	3	60.0	8	40.0	10	28.6	42	37.8
3 Medium	25	49.0	2	40.0	10	50.0	21	60.0	58	52.3
4 Inner	5	9.8	—	—	2	10.0	4	11.4	11	9.9
Total	51		5		20		35		111	

Table 15—Social class by inner-outer directedness: Male retirees

	Social class					
Inner-Outer directedness	*Blue collar*		*White collar*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*
2 Outer	18	58.1	3	15.0	21	41.2
3 Middle	11	35.5	14	70.0	25	49.0
4 Inner	2	6.5	3	15.0	5	9.8
Total	31		20		51	

> you're over the hill—no good (laugh) which may be exaggerating the thing but it hits your ego. You don't like to admit to yourself that you've reached that point in life.
>
> * * * * *
>
> *Retiree No. 2:* I figure that when you've retired, and your essential . . . your essential usefulness, you know—working a regular week—is over, you feel that, uh, in a sense, not fully, but in a sense you're like a turtle on his back because you're not . . . you're not achieving anything anymore.

Mental Health Scale

In addition to personality measures, a brief mental health scale was given to determine the degree of neuroticism in the sample. This scale consists of 12 questions, each of which is answered yes or no; the answers are then totaled. More than four abnormal responses indicates that, according to standardization on a very large sample, the person must be regarded as psychologically abnormal.

Very few of the sample turned out to be abnormal, although there is a suggestion that the nonretirees were more likely to be abnormal than the retirees (table 16). Women were also slightly more likely to be neurotic than men, a finding which is confirmed in the literature. Since no significant relationships were discovered between this variable and any other, it will not be discussed further. The sample was obviously too psychologically healthy to have enough cases in the abnormal category that would reveal relationships worthy of comment.

Relationships of the Three Rating Scales

The frequencies of the same or similar findings from these three scales did nothing but confirm, on the psychological side, the very good mental health of this retired group. Other-directedness was the norm for this culture. Their level of self-esteem was good, despite the problems that age and coming to terms with the later years could produce. A decline in

Table 15—Self-esteem by sex/retired status

	Sex/retired status									
Attitude towards self	*Male retirees*		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
1 Low	—	—	—	—	—	—	1	2.8	1	0.9
2	6	12.0	—	—	1	4.5	4	11.1	11	9.6
3	24	48.0	4	66.7	9	40.9	19	52.8	56	49.1
4 High	20	40.0	2	33.3	12	54.5	12	33.3	46	40.4
Total	50		6		22		36		114	

Table 16—Mental health scale measurement of neuroticism by sex/retired status

	Sex/retired status									
Mental health scale	*Male retirees*		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
Abnormal	2	3.2	1	14.3	2	6.5	5	11.1	10	6.9
Normal	60	96.8	6	85.7	29	93.5	40	88.9	135	93.1
Total	62		7		31		45		145	

physical vigor, a lowering of economic productivity, had not resulted in extreme self-doubt and criticism. By a more strict definition, the incidence of mental illness was very low; although the measure was indicative, not definitive. In not a single case was there evidence of extreme psychological faltering or breakdown.

It can be added here that, given the criterion of high and low morale scores by which this group was selected, morale as the principal outcome variable was probably independent of mental health as such, and was related to more realistic problems of money, housing, loss of close associations or relatives, etc. Even given the tendency to cluster in the middle morale category, when morale scores were collected again in phase II, the two extremes of high and low morale were still well populated and could have indicated correlations between morale and psychological health had they been pronounced.

There were few correlations of these three scales with other variables. It must be remembered, however, that the range of responses was narrow and at the healthy end of all the scales. What was present then were variations within a psychologically "normal" group. On the mental health scale there was a correlation between morale *change* and more abnormal responses. In another instance, a significant correlation was found between high morale and few abnormal responses. This argues somewhat against the total independence of the morale concept.

Needs

The number of and kinds of needs satisfied at work were determined as described in the section on methodology. Table 17 shows the number of needs mentioned as being satisfied at work; most people mentioned several needs. There appears to be no difference between groups in this respect.

Tables 18 and 19 show the specific needs which people ranked first and second. In either instance, while not highly significant, there were some striking differences between the groups. Men were more likely to value work as an interesting experience followed by its function of self-expression and then as a social motive, while female retirees valued social motive most, followed by security and then self-expression.

Second rankings revealed men favoring leadership and power, followed by self-expression and social motive; and again the women differed in emphasizing social motive above all:

> *Male retiree:* I thought it was very important. I felt I had a good job and, uh, I felt that what I was doing was very necessary and important. And it was too.
>
> *Male retiree:* Well, I used to like my job because I had my own responsibility, you know, only.

Table 17—Number of needs satisfied at work by sex/retired status

Number of needs satisfied at work	Sex/retired status									
	Male retirees		Male non-retirees		Female retirees		Female non-retirees		Total	
	N	%	N	%	N	%	N	%	N	%
1	1	1.6	1	20.0	2	6.7	1	20.0	5	5.0
2	1	1.6	—	—	1	3.3	—	—	2	2.0
3	6	9.8	—	—	2	6.7	—	—	8	7.9
4	7	11.5	—	—	1	3.3	1	20.0	9	8.9
5	34	55.7	1	20.0	14	46.7	2	40.0	51	50.5
6+	12	19.7	3	60.0	10	33.3	1	20.0	26	25.7
Total	61		5		30		5		101	

Table 18—Need ranked first by sex/retired status

Needs ranked as first	*Male retirees*		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Power/leadership	8	12.9	—	—	1	3.3	—	—	9	8.9
Interesting experience	17	27.4	1	20.0	4	13.3	—	—	22	21.8
Esteem	4	6.5	—	—	—	—	1	25.0	5	5.0
Security	7	11.3	2	40.0	8	26.7	—	—	17	16.8
Self-expression	12	19.4	—	—	7	23.3	1	25.0	20	19.8
Social services	2	3.2	—	—	—	—	1	25.0	3	3.0
Independence	2	3.2	—	—	1	3.3	—	—	3	3.0
Social motive	10	16.1	2	40.0	9	30.0	1	25.0	22	21.8
Total	62		5		30		4		101	

Table 19—Need ranked second by sex/retired status

Need ranked as second	Sex/retired status									
	Male retirees		*Male non-retirees*		*Female retirees*		*Female non-retirees*		*Total*	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%
Power/leadership	12	20.0	1	25.0	2	7.1	—	—	15	15
Interesting experience	7	11.7	—	—	3	10.7	—	—	10	10
Esteem	8	13.3	—	—	4	14.3	—	—	12	12
Security	6	10.0	—	—	3	10.7	—	—	9	9
Self-expression	10	16.7	—	—	1	3.6	—	—	11	11
Social services	5	8.3	—	—	2	7.1	2	50.0	9	9
Independence	3	5.0	1	25.0	2	7.1	1	25.0	7	7
Social motive	9	15.0	2	50.0	11	39.3	1	25.0	23	24
Total	60		4		28		4		96	

> *Female retiree:* It was a little jolt. Of course, to have to leave the people that you had worked with . . . and we are very fortunate over there, all of us have kept up with each other. We're scattered all over the country, some of us. But we still keep in touch. I visit the man I worked for longest over there. I visit him and his wife and spend time with them. And I keep up with many of the friends over there. Keep up with them all the time. And we get together and have little parties and . . . . So we haven't really lost each other.

Table 20 is a summary form of the need rankings for the total retiree sample.

Social class seems to be related to the number and kind of needs expressed. But while the number of needs indicated only slight relationship to social class, this relationship was more clearly marked when the nature of the needs is examined. Table 21 shows a partial table relating the kinds of needs to social class.

It can be seen that different needs are given different emphasis by different social classes.

There does not appear to be any relationship between the number of needs satisfied at work and morale, or change in morale, although one might wonder whether a high investment in terms of a high number of needs being satisfied might have been more disruptive than a low investment, as seemed to be indicated by other evidence (in earlier chapters). The issues raised here are considered again in later chapters.

Table 20—Need rankings: Retirees

Need	*First Rank*	*Second Rank*	*Mean Rank*	*Combined Rank*
Social motive	1.5	1.0	1.25	1.0
Interesting experience	1.5	5.0	3.25	2.0
Leadership and power	5.0	2.0	3.25	3.5
Self-expression	3.0	4.0	3.50	3.5
Esteem	6.0	3.5	4.50	5.0
Security	4.0	6.5	5.25	6.0
Social services	7.5	6.5	7.00	7.0
Independence	7.5	8.0	7.75	8.0

Table 21—Social class by need ranked first

Need ranked first	Social Class										Total	
	Lower blue		*Middle blue*		*Upper blue*		*Lower white*		*Upper white*			
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Power/Leadership	—	—	—	—	6	23.1	1	5.6	2	7.7	9	9.8
Interesting experience	1	20.0	5	29.4	7	26.9	4	22.2	4	15.4	21	22.8
Security	3	60.0	6	35.3	2	7.7	2	11.1	2	7.7	15	16.3
Self-expression	—	—	—	—	5	19.2	5	27.8	9	34.6	19	20.6
Social motive	1	20.0	5	29.4	2	7.7	4	22.2	7	26.9	19	20.6
	5		17		26		18		26		92	

9

health

The design of this study gave an opportunity for determining not only the state of health of a large retired population (phase I, 500 people), but how this state of health altered, if at all, over time, since phase II involved some of the same people (93) at a later date. After phases I and II findings are presented, their relationship to the literature will be discussed.

Phase I

Perception of Health

The single most striking impression gained from the data on physical health was how well these people seemed to feel. Although the sample was a selected one (persons who retired because of ill health were excluded by definition), the findings strongly contradicted the popular idea that age, by its very nature, inevitably means some physical deterioration.

Table 1 is a summary of the data on self-perception of health.

Table 1—Summary of indices of self-perception of health (% of retired persons)

	*Indices**		
	+	0	–
State of health	85.2	10.6	4.2
Change in health since retirement	24.1	65.5	10.4
Satisfaction with health	80.0	13.2	6.8
Change in satisfaction since retirement	18.1	73.7	8.2
Limitations imposed by state of health	67.8	25.0	7.2
	none	some	severe

*Symbols

+ = positive
0 = middle range
– = negative

When these retired persons were asked to describe their present state of health, 85.2 percent perceived themselves as being in good or very good health. An additional 10.6 percent said their health was adequate, and only 4.2 percent said they were in poor or very poor health.

Upon being asked whether there had been any change in their health since retirement, nearly one quarter (24.1 percent) indicated a change for the better, and only 10.4 percent indicated a change for the worse; the remainder said they had perceived no change in health status (table 1).

This optimistic health picture suggests that, although a small minority of retired persons in such a group fit the stereotype of deterioration (at least by their own perception), the process of retirement relieves tension and even reduces any somatic symptoms, despite transient anxiety-provoking situations.

On the basis of the foregoing findings it would be logical to expect that these people were satisfied with their state of health. Over 80 percent were indeed satisfied, and only 6.8 percent were dissatisfied. When asked if there had been a change in the level of satisfaction since retirement, 73.7 percent said there had been no change. Again a sizable proportion (18.1 percent) were more satisfied with their physical health, and a small minority (8.2 percent) were less satisfied with their health since retirement (table 1).

Aging does seem to involve some limitation of activities, and this must have been accepted realistically by the people in this sample. Although 67.8 percent said they were not limited by their physical health, 25 percent had experienced some limitations, and 7.2 percent were rather severely limited (table 1). As for changes since retirement—84.1 percent said there had been no change in limitations, 6.8 percent said they were less restricted, and 9 percent said they were more restricted. Thus, although quite a large percentage were somewhat limited in their activities, this apparently did not affect their perception of themselves as being in good health. Apparently they understood that some physical limitations were to be expected with aging. Discounting this large segment, it still is striking that such a large majority stated that they had no limitation of activities.

Objective Indices of Health

Although the factors now to be considered were less colored by perception, reports were supplied directly by the subjects, nevertheless, and not in the form of written records or other "outside" measures. One way of assessing the health status of retirees is to determine the amount of contact they have with doctors. These contacts may involve other than physical health problems; doctors may serve as advisors and counselors quite apart from the role of medical expert. Of this group of retirees, 58 percent either did not see a doctor in the year preceding the interviews, or saw him only for routine checkups; 31.7 percent had somewhat more than routine contact; and 9.8 percent had extensive contact with their physicians. Thus, even though more than 40 percent of the subjects had more than routine contact with their doctors, this fact did not influence their defining themselves as being in good physical health (85.2 percent). These people may just naturally understand that increasing age involves more need for medical attention. Moreover, with increasing age (even before retirement) people are more concerned about their good health as well as their ill health—more anxious to maintain good health. Therefore, they see their doctors more frequently about minor symptoms which they formerly might have disregarded.

When asked whether the amount of contact with doctors had changed since retirement, nearly 80 percent replied no. Nearly 10 percent reported seeing their doctors more frequently. This corresponds to the proportion (10.4 percent) who said that their physical condition had become worse since retirement.

Hospitalization is a fair index of the presence or absence of severe illness. Of the people in the sample, 84 percent had not been admitted to a hospital since their retirement, 13 percent had been admitted once, and 2.8 percent had been admitted two or more times.

The financial picture also reflected the physical status. Medical expenses increased for about 18 percent of the sample, remained constant for 78 percent, and decreased for 3.5 percent.

The final objective question concerned specific symptoms experienced for at least one month. The question was equivocal, however, in that the symptoms could refer equally well to physical or psychological disturbances. The specific symptoms included sleeplessness, shortness of breath, irritability, difficulties with bowel function, troubled moods, aches and pains, and fatigue. The data were reported according to the number of symptoms experienced by each subject. No symptom could be labelled serious in itself, yet most were experienced by everyone at some time. Nevertheless, 37.2 percent of the subjects reported that they had none of these symptoms; an additional 22.2 percent had only one, 19.8 percent had two, and the remainder had three or more symptoms. Although it was impossible to interpret the meaning of these symptoms as indicators of illness, the point that merits emphasis is the number of symptom-free subjects.

Comments

According to the data on self-perception of health status and objective indices of health, this population was experiencing very little trouble in retirement. The percentages indicating good health did not fall below 80 except the percentage indicating the perception of limitations in activities; this exception was judged to be a "realistic" appraisal of physical endurance and capacity which is not necessarily related to *ill* health. In terms of changes in health since retirement, there was no indication that the health of these people became worse; in fact several indices (e.g., satisfaction with health, health changes) showed that their health became better. This may be related to a lessening of stress in their living conditions and a successful transition to retirement.

A more detailed analysis of the health data is now presented, with consideration of several types of variables (demographic, behavioral, complex psychological) that seem to be strongly related to the presence or absence of good health in retired persons. The demographic types may be predictive of good health on retirement. The behavioral indices, such as social participation or continued work, furnish some indication of whether active engagement in a round of work and play is necessarily related to good health. "Disengagement" from the social structure may be functional for readjustment to modified goals and activities in advancing age. The more complex psychological indices involve good morale and a positive self-concept.

These indices are highly intercorrelated. They were used in an attempt to answer the question: Given the demographic and behavioral indices, is there any relationship between a positive self-concept, good morale, and good physical health?

Demographic Variables

A striking finding was the lack of differences in health with respect to the dimensions of sex, age, presence or absence of a spouse, or presence or absence of children and grandchildren. This was particularly surprising in regard to the last-named variables since the presence of family members implied that the retired person was neither socially isolated nor without affective involvement (positive or negative). Otherwise it might be concluded that lack of social contact and/or affective involvement would be detrimental to physical health (or at least to the perception of good health) and engender introspection and preoccupation with health matters.

More relevant to differentiating those in good health was the socioeconomic background. Subjects with a good education, a high position on the occupational ladder, and in a sound financial position at the advent of retirement (as measured by high net and gross income before and after retirement) were in better health than those occupying lower niches, with respect to these dimensions. Although these relationships did not hold for all health items, all three were significantly correlated with health satisfaction (subjective index), fewer visits to the doctor (objective index) and fewer symptoms—the exception being that a good education was significantly related to fewer symptoms only for women.

In addition, good education and high financial status were correlated with the perception that retirement had not caused any significant limitation of activities. It might be surmised that absence of financial worries, combined with the more extensive intellectual opportunities and resources that a good education entails, provided more alternative activities for these people than for persons more deprived in these respects; consequently they depended less upon physical resources and their horizons were broader and therefore brighter. A good education and favorable economic position were correlated with the perception that the state of the subjects' health had a very good effect on their families. This was clearly related to the fact that, in general, these people experienced better health.

Viewed from a slightly different perspective, these persons with the 100 highest and lowest health scores (based on all health items) were significantly distinguishable with respect to the same dimensions—education, occupation, and type of job (though not for present economic position).

As might be expected, these results were somewhat modified by advancing age. Although the sample included only the age decade 60—70 years, subjects who had been in retirement longer had more limitations of activities, more hospital admissions, and more visits to doctors.

In general, the persons who were better off before retirement in terms of being socially and economically advantaged, continued to be better off after retirement in these respects and in terms of better health. Probably these socioeconomic characteristics are related to a lifetime of adequate health care, and therefore the postretirement phase is simply a continuation of this life-long concern. In a sense, these socioeconomic characteristics are the "payoff" and may prove to be predictive, in the preretirement stage, of good health in the postretirement stage. Inspection of the intercorrelations of the three variables—education, gross income, and occupation—showed that, for this sample, they were highly correlated. Therefore, any of these was as good a predictor as any other for health in retirement.

Behavioral Indices

How is a modified, but active, existence after retirement related to the health of these people? To some extent this relationship must be determined by health, since persons in very poor health obviously are not in a position to engage in an active social or occupational life. The sample was selective in the sense that people who were forced to retire because of health problems were not included. The relationship may not be so simple for those in fair health, i.e., activities still may contribute to a sense of mental and physical well-being. In line with this reasoning was the finding that those whose social participation was high were in good health. The following health items were significantly correlated (at the .01 level) with social participation: good health, satisfaction with the present state of health, improvement in health after retirement, and good effect of the present state of health on the family.

In analyzing the 100 highest and lowest health scores in terms of club participation, it was found that those in good health participated more. When the number of hobbies and interests was used for the activity index, the men in good health again were more active. Thus we may at least conclude that social participation is not detrimental to good health. The indices were not strong enough nor were the findings extensive enough to enable a definitive conclusion that social participation (either interpersonal or noninterpersonal) is a factor contributing to the good health of retired persons.

In work activities, the findings were even less conclusive. Clearly, only those in good health for their age category were acceptable for employment, and the "retired worker" with administrative-executive type experience was better off than the worker whose job depended upon a great deal of physical exertion. In this study, the only correlation of postretirement work with health items concerned the self-perception of being in good health.

More subtle was the degree to which retired workers were able to transfer their skills from the former work situation to the retiree situation. A high degree of use of skills after retirement was significantly correlated with good health and with satisfaction with health since retirement. Related to this finding was the ability of the retired person to find activities that gave him the same satisfactions as his work skills did. This again was correlated with good health and satisfaction with the present state of health.

Tests differentiating those in poor health from those in good health also singled out these factors as significantly related to health (skills used, similar satisfactions). Therefore, it may be not so much what the retired person does or how busy he is, but whether he perceives that his needs are being fulfilled in ways similar to those in the preretirement phase of his life. The inability to transfer skills to other areas of activity and the lack of need-satisfactions may be quite significant in detracting from a perception of good health and general well-being.

Reverting again to the analysis of demographic variables, the question can be raised whether high rankings on the occupational and educational scales (which more or less guarantee sound financial status) are the relevant factors. It may be that the significant intervening variables are the opportunities, the wide range of skills, and the extended intellectual resources that a good education, a high-ranking occupation, and a sound financial status provide. Again this explanation is relevant only to those retired persons who are not in acute distress and do not have a full-blown chronic disease.

Attitude and Adjustment Indices

Attitudes related to need-satisfaction and expanded or contracted personal resources after retirement were determined by asking a number of questions regarding the effects of the transition into retirement. Those who felt that retirement had a good effect on them also perceived themselves to be in good health, stated that their health had improved, believed that their state of health had a good effect on the family and spent fewer days in the hospital.

Those who had a positive attitude toward retirement also experienced more satisfaction with health, fewer limitations of activities, and fewer symptoms. The present responses to retirement as evidence by the continuation of an active life, an acceptance of the retired status, and positive feelings about this status, also were positively correlated with health satisfaction, changes in health satisfaction for the better, and—more objectively—fewer visits to the doctor.

Complex Psychological Variables

With demographic variables, "either/or" answers were possible or alternatively understandable, and discrete units for answers were readily classifiable as high, medium or low. Behavioral variables, although subjectively based, involved activities readily understandable and quantifiable for both the subject and the interviewer. In contrast, psychological variables were not only subjective (referring to a non-observable internal state) but difficult to rate. Further, the meaning of an item (e.g., good morale) may have differed from subject to subject. One also had to take into account the fact that there was a commonsense basis on which high morale was more "obviously" linked to good health; thus one's expectations were geared to expect psychosomatic consistency. The "deviant" subjects (poor health and high morale, or good health and low morale) raised more interesting theoretical questions simply because they were contrary to expectation.

In this sample, there were few deviant cases. Good health was closely related to high morale and a high level of self-esteem. On 12 of the 15 health items, the correlations with the morale scores were high. On the related morale items, the findings were similar. Satisfaction with retirement was positively correlated with 12 of the 15 health items. Similarly, general satisfaction with life was positively correlated with 12 of the 15 health items. The test for distinguishing the 100 highest and lowest morale scores showed that these two sets of subjects were separable by 9 of the 15 health items. Those with high morale were also in good health, their health had improved since retirement, they were satisfied with their health, their satisfaction was greater since retirement, they had observed no changes in limitations, they had experienced fewer limitations since retirement, they had made fewer visits to the doctor before or since retirement, and they had been admitted to hospitals less often. Thus the 100 subjects with the highest health scores were also more satisfied with life, more satisfied with retirement, and had the highest morale.

The indices of self-evaluation also lived up to expectations. For 13 of the 15 health items, correlations were significant with self-satisfaction. For 11 health items there were significant correlations with feeling young. Perception of this later stage of life as good was correlated with good health, satisfaction with health, fewer limitations, no hospitalizations, fewer symptoms, and increased satisfaction with health.

The tests differentiating those in good health and those in poor health similarly showed that feelings of self-satisfaction, feeling young and perception of this stage of life as good, were related to good health, health satisfaction, few limitations, good effect on the family, fewer symptoms, no hospitalizations, and improvement in both health and satisfaction with health.

Thus there was a consistent link between a happy and positive psychological state as measured by morale and self-esteem, and good health as measured by both subjective and objective appraisals of physical condition. On this basis, it was not possible to hypothesize any causal relationships, although on a commonsense basis, good health seems to be a prerequisite for positive attitudes toward the later stage of life. For a retiree to deal satisfactorily with what Erikson (1959) terms the identity crisis of integrity versus despair, the tests indicated that relative freedom from constant concern with physical health permitted greater emotional investment in psychologically satisfying endeavors. Lack of severe physical problems also meant that there were no constant reminders that physical deterioration at this age could be the beginning of a terminal illness. In brief, being healthy gave the older person a better chance to resolve this identity crisis in a positive way, as indicated by our findings on high morale and high level of self-esteem.

Comparison of Phase I and Phase II

When asked whether they thought themselves to be in good or fair-poor health, the retirees in phase II overwhelmingly placed themselves in the category of good health; 81 percent in phase II classified themselves as being in good health compared to 85 percent in phase I. They were not only in good health, but were exceedingly satisfied with their current health status;

88 percent in phase II as opposed to 80 percent in phase I. (In both instances, phase II questions offered only two alternative responses, while phase I offered three. The trichotomous variable of phase I thus offered a more neutral response, while the phase II question forced a more clear-cut choice. This may account for a few subjects classifying themselves as being "satisfied" or in "good health" when in fact they may have been more "neutral" in their self appraisal. Even allowing for this, the phase II findings changed the rosy health picture of phase I very little.)

Regarding their contacts with physicians, there was also very little change. While not directly comparable, responses to the questions asked in phase II indicated that nearly 50 percent saw their doctors for routine checkups or did not see a doctor at all, compared with 58 percent in phase I who were in similar touch with their physicians.

Of those who were sick, more detailed information on the type and course of the illness was solicited in phase II. Fifty-two of the respondents (73 percent) reported at least one illness. Of these, 37 reported major acute or major chronic illnesses. Fifty percent of those who had been ill experienced the onset of illness during the year prior to the interview. In direct comparison with the phase I data, we found that 15 respondents or 30.6 percent of those who were ill required hospitalization. This represented a doubling of hospitalizations between phase I and phase II. Considering the age of the retirees, this increase did not seem dramatic.

In Phase II the respondents were also asked to describe the degree to which their activities were restricted by illness during the preceding year. Table 2 indicates the degree of limitation imposed on those reporting illness.

Table 2—Degree of limitation caused by illness

Restrictions	*Number of retirees*	*Cumulative percent*
Activities limited	16	33.3
Activities limited and bedrest required	19	39.6
Hospitalization	34	70.8
No restrictions	14	100.0

An attempt was made in phase II to more clearly classify the diseases that actually troubled the retirees, since the request for specific symptoms in phase I was not satisfactory.

In phase II subjects were asked to name their illnesses, using Merck's Classification. The first-named diseases are shown in table 3. The remaining 39 percent were scattered over the remaining disease categories.

Table 4 shows the distribution from a smaller classification based on disease origin As expected, the percentage of chronic disease was rather high, 74 percent while 26 percent reported acute diseases.

In addition to the more straightforward questions about symptoms and disease, the question of health status was implicit in a number of wide-range questions dealing with happiness (or unhappiness) after retirement, and with the meaning and importance of a number of activities or concerns. This type of question served to place health matters in a large context, indeed, the life context of each person, and indicated the centrality of health matters for each individual.

When asked to name reasons for happiness in the preretirement phase, health was very low on the list, only 3-4 percent giving health as a reason. Likewise, reasons for unhappiness in the preretirement phase elicited responses of illness or death in only 20 percent of the cases.

Current health status assumed great importance with increased age. When asked to name the most important thing in their lives, 25 percent mentioned health first out of a possible nine choices. More strikingly, 43 percent of the retirees said that "to be alive and healthy" was their most meaningful activity! Combined with the 21 percent who said that their independence and ability to perform accustomed social roles—an indirect reference to good health—were the most important things in their lives,

Table 3—First-named diseases

Disease	*Number naming it first*	*Percent*
Cardiovascular, renal	15	30.6
Musculoskeletal	10	20.4
Gastrointestinal	5	10.2
Total	30	61.2

Table 4—Distribution of specific illnesses

Type of illness	*Number of complaints*	*Percent*
Auto-immune or intrinsic	30	60.0
Tumor	3	6.0
Infection or inflammation	14	28.0
Trauma	3	6.0

64 percent of the retirees indicated some type of health concern in answering this question.

In another question, subjects were asked to name those things which had gotten either better or worse since retirement. Thirty-eight percent experienced either improved physical health, or an improved sense of well-being. By contrast, only 13 percent mentioned depression or health deterioration as worsening during retirement.

In comparison with phase I, then, objective health status deteriorated very little, although there was some expectable increase in the rate of hospitalization. In addition, the subjects perceived that while health was no special reason for rejoicing in the preretirement years, it was a cause for happiness in these later years. Their responses to a number of questions indicated that health was certainly central to their thinking about and judgment of their current lives.

A final direct comparison with phase I findings should be mentioned. It was stated in phase I that a good education, a high niche in the occupational ladder, and a sound financial picture at retirement all correlated positively with good health. In phase II, the Edwards Social Class Scale, based on occupation alone, was used. It showed that the white collar class was more satisfied with its health, and had somewhat fewer illnesses. Furthermore, the white collar class was more frequently hospitalized for illness while the blue collar class perceived that it was less restricted by illness than the white collar class. Perhaps this reflected only the ability to pay for health treatment, or it may have reflected more sophistication in recognizing the need for treatment. Alternatively it may reflect, among the better educated subjects, an over-concern with their health.

It was suggested earlier that perhaps changes in health status would accompany retirement, not because of any radical change in physical well-being, but because of the psychological upheaval at retirement which might manifest itself in physical symptoms. However, there was no indication that the loss of a niche in the occupational world resulted in pronounced illness for the retirees, men or women.

The changes at retirement for the wives of retirees constituted a different kind of adjustment: they had to adjust to having a man around the house more, perhaps to having a more extensive sharing of activities and decisions, to losing the status formerly derived from being the wife of a breadwinner.

When responses to health questions, given by retirees and their wives, were compared, a single clue to sex differences emerged. There were no differences at all on any of the three psychological measures: Inner-Outer Social Preference Scale, self-esteem, or mental health. In addition, and importantly, there were no differences in the subjective evaluation of current health status or in the amount of contact with a doctor. Husbands and wives were equally psychologically "healthy" and rated themselves as physically so. The single clue that did emerge concerned the number of major illnesses and the matter of *health satisfaction*.

The husbands had had more major illnesses (16 percent difference between husbands and wives), a few more were ill at the time of the interview, and 15 husbands stated that illness prevented them from engaging in preferred activities. No wives were so hampered. When questioned as to the primary reason for unhappiness after retirement, 34.5 percent of husbands (compared to 19 percent of wives) ranked illness first. From this variety of questions, we see that more men were or had been seriously ill and more were restricted in their activities by illness than their wives.

In response to the question about health satisfaction, however, it was found that women were less satisfied than the men with their physical condition (table 5).

When health satisfaction was run against social class, lower class women emerged the least satisfied with their health.

These findings raise questions about the change in outlook and expectations for women in the postretirement period. If it is true, as it seems to be, that the men were in fact a bit sicker and more restricted, why was it that the women were least satisfied? We have seen that, in general, for both sexes health was a more central concern in the phase II than in the phase I postretirement period. Perhaps it is simply more difficult for women than for men to accept the inevitability of the aging process. It seems possible that, as we suggested in phase I, women focus on health matters as a response to retirement in general. In any event, a further refinement of this variable—i.e. *what* constitutes health dissatisfaction for women—may help to define health concern as an alternative response to other problems of aging and retirement, especially among lower class women.

To summarize, the second phase of the retirement study indicated very little change in the health picture, and little indication that there were any severe psychological problems associated with retirement for this

Table 5—Health satisfaction of retirees and spouses

Satisfied	*Men*		*Women*	
with health	*N*	*%*	*N*	*%*
Yes	55	88.7	32	69.6
No	7	11.3	14	30.4
Total	62		46	

group. The addition of wives in the phase II interviewing merely substantiated the generally good health picture for this group found in phase I, with the suggestion that the differences in satisfaction with current health status may be viewed as a response to other problematic areas during retirement.

Relation to Other Findings in the Field

It is difficult to find direct comparisons for the data presented here. Much of the work on physical health in the aging population does not take retirement as an intervening variable. Further, many works simply report the *kind* of illness and the frequency of it within a given age group without attempting any analysis or comparison of such findings with demographic or other types of variables. Although the answers to health items in our study were *restricted* to self-perception and recall about physical ailments, the fact that some attempt was made to correlate these perceptions with types of variables represents an advance over the strictly epidemiological study.

Health is a crucial factor in both the decision to retire and the quality of postretirement life. However, studies of physical health in the aging population which take retirement as an intervening variable are limited. Ill health frequently forces retirement, and is therefore important, though by no means predominant, in explaining the small proportion of elderly men in the work force (Shanas 1968; Spence 1968). It is consistently associated with low morale and lack of adjustment (Shanas 1968; Maddox 1964; A. Rose 1961; Lowenthal 1963) and low social participation (Spence 1968; A. Rose 1961; Coe and Barnhill 1965). It is apparent, in examining any retired population, that a distinction must be made between those who retired for reasons of health and those who did not.

There are indications that in the immediate postretirement situation, serious and widespread ill health is not a problem. Retirement does not appear to have an impact on life-expectancy (McMahon and Ford 1955): a study of the social correlates of longevity found maintenance of occupational role *or its surrogate* only one of seven potential factors (C. Rose 1964). Improvement in health after retirement is reported by Maddox (1964), Heyman and Jeffers (1963), and more marginally by Solem (1963).

These studies are confined to self-perception of health, but Shanas (1968) points out:

> The subjective feelings of an individual are often better indices of how he will function than a physician's examination. . . . It is as though when people become old they accommodate to physical disease and discomfort. . . . The old person who feels he is functioning well, irrespective of clinical pathology, tends on the whole to behave as if he were well.

Subjects whose self-evaluation of health do not coincide with clinical opinion may be termed "optimistic" or "pessimistic" (Maddox 1964; Shanas 1968). Of Maddox' sample, two thirds agreed with medical opinion, the remaining third were evenly divided between optimistic and pessimistic. Over time, however, 70 percent of the sample maintained a constant rating of good health by both physician and patient.

Shanas found that the majority of the elderly in the United States, Britain, and Denmark maintain good health and remain active, and that incapacity begins to increase in a marked degree from age 70-74 in Denmark and Britain, and 75-79 in the United States. In each country:

> Old people who say their health is poor are in the minority and most think their health at least as good, or even better than their contemporaries.

Contrary to our findings, Lowenthal and Berkman (1967) in their study of aging and mental disorder found that 59 percent of their sample who still lived in the community (with or without recognized psychiatric symptoms) had a "most bothersome" complaint. The retired people in their study were less afflicted, 37 percent being symptom-free and 22.2 percent having only one symptom of one month's duration. Further analysis, however, led them to conclude that some decrease in energy and some memory loss were the only "normal" symptoms of aging, as these two symptoms increased most consistently with age.

Heyman and Jeffers (1963) reported findings more consistent with those of the present study. Of 180 aging subjects, 39 percent initially in poor health improved with age during retirement whereas only 17 percent initially in good health experienced a postretirement health decline. Similarly, Solem (1963) in comparing pre- and postretirement states of health, reported a 6.6 percent increase in good health in the postretirement phase. In our study, 24.1 percent of the subjects experienced better health after retirement, and only 10 percent felt they were in poorer health; thus our findings fall somewhere between those of the other two studies. Improvement in health after retirement certainly is contrary to the stereotype of inevitable physical deterioration. As previously suggested, this may be a consequence of a decrease in the tension and anxiety related to working and apprehension about retirement.

There was a high degree of consistency in the findings on demographic variables. Dovenmuehle and associates (1961), in a study of 260 volunteer subjects in the age group 65-74 years, found that when the sample was matched for age, sex, and race, a high socioeconomic status was correlated with fewer limitations on activity due to poor health. Burnight (1965), in a study of the 60-70 age group, found high socioeconomic status related to a low incidence of chronic disease or a low incidence of confinement due to illness of any type. Similarly, Maddox (1964) found that a self-evaluation of good health was positively correlated with high-status occupation and maintenance of lifetime work roles. In addition he found that in his sample, men perceived themselves to be in better health than did women. This finding is somewhat diluted by the explanation that the "masculine image" requires men to deny physical symptoms.

Studies of mental illness among the aged have usually seen retirement as a possible precipitating factor. This was an original hypothesis of the Langley Porter Institute Studies on Aging, which carried out some of the most important studies (Lowenthal 1963, 1964; Lowenthal and Berkman 1967; Spence 1968). Two samples of elderly people, one in a psychiatric hospital, the other in the community, showed that although a greater proportion of the hospitalized were retired (71 percent and 46 percent, respectively), they were also older. They found that the higher the educational and occupational status, the less likely was retirement, and the hospitalized group rated consistently lower on these factors. By far the most important factor in the consequential network, however, was that of physical health (Spence 1968). In about two-thirds of the cases, physical problems were seen as involved in the hospitalization decision, and in 10 percent appeared as a precipitating factor of illness (Lowenthal 1964). Retirement was considered a precipitating factor in a small minority of cases. This seems in broad agreement with Buck, Wanklin, and Hobbs (1956) who calculated an expected date of onset of senile and arteriosclerotic psychosis and compared it with the observed date. Only in conjunction with another major environmental change did retirement significantly affect the date of onset.

Neurotic retirement syndromes appear to exist (Johnson 1958; Rose 1961; Butler n.d.). Rose considers the mental ill health of the normal individual (i.e. the nonpsychotic) to be a function of "rolelessness" or "meaninglessness" and that loss of chief life function can be, though not necessarily, very damaging to self-concept.

> Sudden retirement is socially unnatural, and a source of some mental problems.

In the category of psychological variables and/or attitudinal variables, there is considerable substantiation of the findings of the present study. Lowenthal and Berkman (1967) observed a close correlation between self-satisfaction, morale, and physical health. Morrison and Kristjamson (1958) in their study of older people used personal adjustment as a variable. They found that good health and good personal adjustment were significantly related at the .05 level. In the current study of satisfaction with retirement, a comparable variable was related to 12 to 15 discrete health items—a somewhat stronger finding. Similarly, Verden and Michael (1959) reported that successful retirement as measured by subjective feelings of happiness, satisfaction, and independence, is related to good health.

Maddox and Eisdorfer (1962) found that involvement in activities was highly related to good health, as objectively and subjectively appraised. This indicates that good health and high morale are significantly related (.05 level), based on objective and subjective estimates of health. Maddox and Eisdorfer's is the only study surveyed in which there was some attempt at an analysis of deviant cases. They point out that although high morale and activity are correlated with good health, a significant minority (42.242 percent) of subjects perceive they are in good health but have low levels of activity and morale. Maddox and Eisdorfer make no theoretical explanations, but the data are presented in a way that allows for speculation. The typology suggests a fruitful approach for further research.

The available systematic evidence concerning the relationship between physical health and other types of variables suggests that our findings are in agreement with those of current research on the subject. A large proportion of people in the postretirement phase of their lives experience good health, and a significant minority feel better than ever. This holds true whether subjective health evaluations, objective health measures (e.g., hospital admissions), or specific physical complaints are used as an index. It seems that those who have always been privileged continue to be privileged, in financial and social terms, as they grow older. The health "payoff" for this privileged status is clearly demonstrated.

Morale and self-esteem emerge as factors importantly related to health status. This is totally consistent with the "whole man" approach in medicine, although the results of Maddox and Eisdorfer's study suggest that a refined analysis of deviant subjects (those who are inactive, low in morale, but in good health) may further illuminate this apparent relationship.

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10

some aspects of family life

As stated before, this study was concerned with retired persons' needs being satisfied by their families instead of by their jobs. Since both husband and wife were interviewed in the second phase of the study, it was thought appropriate to include a small section of the interview dealing with the couples' adjustment to each other and the predominant mode of handling decisions within the family, although the family structure was not a primary focus of interest.

The main focus of studies of the aging and their families has been on problems of care of the very aged, intergenerational relations, and role and interactional changes among aging couples. The literature that bears directly on retirement in this context is limited and tends to be concerned with role change. For a review of family relations in old age that deals with the three aspects see Smith (1965).

There is agreement that husbands must redefine their marital roles after retirement, and that the husband must find some kind of homemaking role. Increased involvement in domestic activities balances the loss of power in the relationship brought about by reduced economic contribution (Blood and Wolfe 1960). Greater companionship may develop and the marriages grow in satisfaction for the wives as a result (Lipman 1961). There is some evidence that this restructuring is less easy for working class couples. In a pilot study, more working class than middle class wives were "sorry" their husbands had retired (Heyman and Jeffers 1968).

A distinction can be made between the family of early retirement and of late retirement as the reordering of family composition that occurs continuously throughout the later years is greatest after the age of 75 (Thompson and Streib 1963). This distinction is important in discussing the question of the retired couple's independence. During early retirement they may still have the care of their own aged parents or responsibility towards children and grandchildren (Albrecht 1953, 1954*a*, 1954*b*), while at the very late stages it is unlikely they will not be dependent either on relatives or on institutional care (Thompson and Streib 1963; Stehouwer 1968).

Independence is positively valued at all ages, but does not appear to be combined with widespread isolation and neglect (Brown 1960; Friedman 1959; Streib 1969; Thompson 1959; Townsend 1957, 1968; Britton, Mather and Lansing 1961). "Independence" must be conceptually distinguished from noncontact with family. Study of family visiting patterns demonstrates the existence of a "modified extended family" in western industrialized society (Thompson and Streib 1963; Townsend 1957, 1968), but separation of household is considered desirable until bereavement or increasing incapacity make it no longer possible. There is also an intermediate stage of "supported independence" (Britton, Mather, and Lansing 1961; Townsend 1968). However, the increase in incapacitation and dependence between those aged 65-69 and those aged 80+ is less than might be expected (Albrecht 1954; Townsend 1968).

While family functioning has been looked at in a number of studies as cited, using a number of theoretical orientations, the structure of decisionmaking as a variable has not apparently been investigated. These studies have been primarily oriented to the investigation of social networks of retired couples, or some form of hypothesis involving role theory. In this case, decisionmaking was selected as an important variable, because it seemed that the ability to come to terms with potentially conflict-laden issues was inferentially, at least, a measure of the strength of the marital relationship. Furthermore, conflict in this area might reflect itself in areas with which the study was more centrally concerned, such as morale and self-esteem.

The point of view on retirement underlying the thinking on families is one which emphasizes that retirement is one of a series of events signifying that a person is getting older: children leave home and marry, grandchildren are born, maximum income and social status have been achieved, and there are perhaps unwelcome signs of physical decline, if not ill health.

Whether or not retirement is defined by the individual as an unhappy "crisis," will of course depend on many factors in his life situation: primary among these the continuation of relative material well-being and physical health. In addition some modicum of satisfaction with his home life is assumed to be important.

To reiterate, retirement need not be viewed as an upheaval but a signal; it need not be an unhappy event of major dimensions. In considering the role of the family in the series of events called "retirement," it is assumed that effective adaptation to retirement is importantly linked to effective modes of adaptation within the family network that have evolved throughout the life of the family. Given a compatibly structured home life, retirement can be seen as simply another shift in the activity patterns of the family and in the emotional investments that accompany such shifts. In like manner the birth of a child, a death in the family, moving, and illness have made similar demands on most couples in the course of their marriage. Prior successes in adapting to crisis within the marriage may accumulate to make for an optimistic attitude toward retirement. Conversely, ineffective or faulty patterns of adaptation may have an adverse effect.

The original aim of this part of the study was to develop a typology of family decisionmaking patterns. With such a typology in hand, it was hoped that differences would emerge, pointing out which type of decisionmaking was most effective in meeting the demands of retirement, which psychological needs predominated in each category, and what relationship existed between activity patterns and the type of decisionmaking. More indirectly, it was hoped to get clues to how a couple's physical and mental health were affected (or not affected) by their satisfaction with and the type of pattern that predominated in the family.

It soon became apparent that the investigation of such complicated questions required a number of prior steps and a study more oriented to the family structure *per se*. The goals of this chapter evolved, then, more modestly. First, to see whether the typology of family decisionmaking could be developed and was workable. Second, to look at some more general dimensions of decisionmaking within each type: the relation of *flexibility*, *consistency*, and *satisfaction* with decisionmaking to the *type* of decisionmaking. Third, to see whether relationships could be established between the type of decisionmaking and more traditional sociological variables such as social class and income. This approach necessarily excluded those interesting questions originally posed about value judgement on the success or failure of the marriage to cope with retirement problems.

The theoretical orientation is suggested by Elizabeth Bott's work (1957) on social networks and marital organization. Employing the dichotomy of joint (sharing, flexibility in task allocation) and segregated (rigid, sex-linked task allocation) marital structures, she originally investigated the characteristics of the family's larger social networks in relation to this dichotomy. The orientation has been used by other investigators in the field of retirement. For example, John Ballweg (1967) has shown that there is little conflict at retirement; that tasks remain segregated, although men take over more masculine household tasks. There is little increase in joint participation in activities.

While task allocation is an important area of family functioning, the process of deciding issues which come up in day-to-day living is certainly another. Agreement on and satisfaction with the type of decisionmaking in the family unit was selected as a good indicator of the ability to sustain a satisfactory, even happy, attitude towards retirement.

The general underlying hypothesis was that the couples who disagreed on how decisions were made, and those who expressed dissatisfaction with this process would also rank lower on the outcome variables being considered: morale, self-esteem, life satisfaction, etc.

Bott's typology was thus extended and applied not to task allocation but to the decisionmaking process. Following are the four categories developed for the study:

1. *Sharing*. Decisions are made by the couple together with a maximum of flexibility, discussion, and exchange regardless of the content under considered.
2. *Autonomous*. Decisions are made independently by each person.
3. *Complementary-dominant*. Decisions are open for discussion but the respondent felt that he or she had the final say.
4. *Complementary-submissive*. Decisions are open for discussion but the respondent felt that he or she gave way to the partner.

The method for placing individuals in one or another of these four categories was straightforward.

A standard set of seven situations was read to each individual interviewed for the larger study whose wife was included in the sample. In all, 53 couples were seen. In response to each of these situations, the respondent was asked to select one of the four categories described which best fit his or her response on how to handle the situation. The alternatives offered were the following:

1. You discuss the situation with your wife/husband but she/he decides what to do (complementary-submissive).
2. You decide without consulting your wife/husband (autonomous).
3. You discuss the situation, but *you* decide what to do (complementary-dominant).
4. You and your wife/husband decide together (sharing).

An "other" category was included, but a strong, though not always successful, attempt was made to avoid it.

The final question in this section asked each respondent to select among alternatives that described best the way he or she felt about the decisionmaking process in the family. The alternatives were:

1. I am entirely satisfied.
2. I wish I didn't have to consult my wife/husband.
3. I wish I could talk over decisions with my spouse more than I do.
4. My wife/husband makes too many decisions for both of us.
5. I wish my wife/husband would make more decisions for both of us.

All responses were considered equivalent; i.e. in many situations the couple had actually experienced the decision in question, but coding was the same for those who had not met the situation. The seven situations dealt with a number of areas: family, recreation, economics, and geographic dislocation, and an attempt was made to select situations that could have occurred during the couple's married life. They are as follows:

1. How to decide on budget cuts during an inflationary period when living on a fixed income.
2. How to deal with an adult child who has lost his job.
3. Dealing with disliked relatives.
4. Spending money on luxuries.
5. Moving in with relatives to cut living costs.
6. Deciding on vacation sites.
7. Choosing between active and quiet entertainment.

The difficulty with presenting these situations to respondents was in the requirement that they analyze how indeed they do make decisions, so "automatic" is this process in everyday life. The respondents on the whole were not very verbal and were unused to lengthy discussions about themselves. Nevertheless, a large majority did respond, although a reworking and rewording of the situations would be required in further research. The method was satisfactory for our purposes, providing standardized information on a number of content areas.

A distinct advantage to this approach is that, not only can each type of decisionmaking category be related to a series of outcome variables, but the more general dimensions of the decisionmaking process can be investigated. It is possible to relate such dimensions as flexibility or consistency of category choice across situations, agreement or disagreement on the perception of the decisionmaking process, expressed satisfaction and dissatisfaction, allowing for more specificity in tying down those dimensions most important to the process. For example, a certain amount of flexibility *or* a rigid allocation of decisions to one or the other spouse may result in higher morale and a more positive attitude toward retirement. Similarly, expressed dissatisfaction may be associated with happiness, while expressed satisfaction may be related to noxious life conditions. This approach offers some leverage in breaking down day-to-day functioning into more component parts.

Distribution Across Decisionmaking Categories

The four categories described deal only with the issue of whether couples perceive that they decide things jointly and with equal authority or with one or the other spouse dominating the resolution of the situation.

While decisionmaking, like task allocation, seems primarily directed to the more cognitive and rational aspects of the marriage, it is clear that such issues do involve the emotions of each partner. Who "should" do which kind of work; who "should" make decisions, and thus wield power in some area calls up varying kinds of emotional response. In turn, the emotional quality of the marriage, whether it is stormy or calm, boring or stimulating, angry or loving, will affect the pattern of decisionmaking. Such patterns may be satisfactory, vengeful, or ignorant of the other's wishes. Recognizing these two elements of the process, they have not been separated analytically.

While there was no hypothesis about the distribution of the responses, the democratic/egalitarian values predominant in middle-class American culture led to the belief that couples would *perceive* that they shared decisions in most areas of their lives. Indeed this turned out to be the case as table 1 indicates. (A more equal distribution among the categories was hoped for.)

It was assumed that sex differences could emerge in the choice of categories, but the comparison shown in table 2 indicates that the responses were very evenly distributed.

According to table 2, the choice of a decisionmaking category is unrelated to sex, although there is a slight predominance of women in the complementary-dominant category.

The methodological question is raised—but not answered here—as to whether the respondents did tend to answer in terms of their perception of the "ideal" (i.e. value-valid) response. As it seemed difficult for the majority of them to verbalize and conceptualize about their lives in

Table 1—Distribution of the responses to decisionmaking

How decisions are arrived at:	*Percentage*
Sharing	63.9
Complementary-submissive	20.6
Complementary-dominant	11.6
Autonomous	3.9

n = 683 (total number of individual responses to the seven situations)

Table 2—Selection of categories by sex

	Male		*Female*		*Total*	
Decision category	*N*	*%*	*N*	*%*	*N*	*%*
Complementary-submissive	74	53.0	65	47.0	139	100.0
Autonomous	14	47.0	16	53.0	30	100.0
Complementary-dominant	30	40.0	45	60.0	75	100.0
Sharing	226	52.0	211	48.0	437	100.0

retirement, reliance on sterotypic response may have been comfortable for the respondents.

When the data were recategorized by the *content* of the situations under consideration, the frequencies shown in table 3 are indicated.

In table 3, it can be seen that the distribution of sharing responses is fairly even across the content areas. Individuals responding were only somewhat less likely to share in decisions about recreation than the other two areas. Furthermore, the contrast between the individuals' perceptions, regardless of whether they "submit" or "dominate" in the situation, indicated that they were somewhat more likely to submit in family and recreational matters than in the economic arena.

The small number of autonomous responses merely indicated that these individuals were least likely to act on their own where the family was concerned—a not unexpected pattern, as their emotional involvement with relatives and children was more likely to be intense.

A final point to be made here is that the percentages were amazingly close (no difference exceeded 20 percent): the only additional information gained by this breakdown concerns the greater willingness of the spouses to submit to the other's decision or to decide independently where more vital economic and family interests were not at stake.

Another likely differential in the distribution of responses across content areas is by sex. The content areas controlling for both sex and decisionmaking categories were therefore compared (table 4).

A convenient way of reducing the table and clarifying the results is to show only the percentage differences between male and female responses. This breakdown is illustrated in table 5.

Table 5 identifies some differences by content area that were not apparent in table 2. The first and most striking finding is that not only was sharing the most popular category, but that it was chosen almost equally by men and women irrespective of content area. This may merely indicate that a high percentage of couples perceived that they shared in all decisions and reflected agreement on this perception—i.e., "We're the

Table 3—Distribution by decisionmaking category

	Complementary-Submissive		*Autonomous*		*Complementary-Dominant*		*Sharing*	
Content	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Family	44	36.0	3	11.0	18	28.0	118	32.0
Recreation	51	41.0	13	48.0	22	35.0	113	30.0
Economic	29	23.0	11	41.0	23	37.0	141	38.0
Total	124		27		63		372	

Table 4—Content areas controlling for sex and decisionmaking category

	Complementary-Submissive				Autonomous				Complementary-Dominant				Sharing			
	Male		*Female*		*Male*		*Female*		*Male*		*Female*		*Male*		*Female*	
Content area	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Economic	12	18	17	29	2	15	9	64	13	57	10	25	74	39	67	37
Family	28	42	16	27	3	23	—	—	6	26	12	30	57	30	61	34
Recreation	27	40	25	34	8	62	5	36	4	17	18	45	61	31	52	29
Total	67		58		13		14		23		40		192		180	

type of people who do everything together right on down the line." On the other hand, the small percentage differences may be coincidental, and a high rate of disagreement may still exist where one member thinks decisions are shared and the other perceives one of the other alternatives to be operating.

The second point to be made here is that the next most popular category, complementary-submissive, does not reflect overwhelming sex differences. As might be expected, the men were somewhat more likely to submit in family matters (perhaps because of having been "away" at work for years, and therefore being more disinterested), and the women were more likely to submit to the men's superior knowledge of economic matters. Conversely, the men perceived themselves as dominant to a significant degree in economic matters, while women expressed their dominance in the social area.

Thus far then it is seen that individuals selected the sharing category more frequently than any other, but with rather a large minority (36 percent) distributed among the other three alternatives. Overall sex differences were minimal although wives perceived that they dominate decision-making somewhat more than their husbands.

When the analysis was refined to include content areas, the men were more likely to dominate in the economic decisions—with some perceiving that they were autonomous—while wives were more likely to make decisions about social life. From the above, one might guess that there was a contingency of couples who agreed that they shared in most decisions, while there was probably less agreement on the other categories where the percent of differences was large. One might surmise that the sharing of decisions was more likely to be concomitant with a great deal of communication, while the other categories might have been more appropriate to those couples who communicated less and therefore agreed less on how they decided issues.

In the following section, data related to *consistency* of category choice, *agreement* between husband and wife on category choice, and the degree

Table 5—Percent difference between sexes in response distribution

Content	*Complementary-Submissive*	*Autonomous*	*Complementary-Dominant*	*Sharing*
Economic	11% (f)*	49% (f)	32% (m)	2% (m)
Family	15% (m)	23% (m)	4% (f)	4% (f)
Recreation	6% (m)	25% (m)	28% (f)	2% (m)
Number of responses	125	27	63	372

* Letters in parentheses indicated which *sex* had higher percentage of responses.

of *satisfaction* with the decisionmaking process in the family will be explored in more detail.

Some Dimensions of Decisionmaking

A. *Consistency*. How wedded are people to a certain mode or style of making decisions? Under what circumstances are they likely to depart from this style? Are men or women more flexible in their approach to decisions? Most of us, to maintain an integrated view of ourselves and a comfortable stance towards our social world, are fairly consistent in the way we conduct our lives. Decisionmaking is an important area of this integrated image and involves some such consistency.

As sharing decisions was the overwhelming choice of this sample of retired couples, it is relevant only to know how the 36 percent of the non-sharing responses were distributed. Two questions are germane: (1) Do situations evoke "atypical" responses; and (2) Are men or women likely to "deviate" from the culturally valued sharing stance?

Two operational definitions were used. Individuals who used one or two of the possible four alternatives were designated consistent; those using three or four alternatives were designated inconsistent.

In determining whether one or another *situation* was more likely to evoke a different response, a second operational definition for "deviant" was needed. Thus, if an alternative was chosen less than three times by an individual, the choice was considered to be deviant. While this definition was not entirely satisfactory, the sample size did not permit further refinement.[1]

Table 6 indicates the distribution of the responses.

A large minority were absolutely consistent in their choice of alternatives (21 percent). All but one of these individuals chose sharing consistently. The largest percentage used two alternatives, reflecting some

Table 6—Individual use of four decisionmaking alternatives

Number of alternatives used	*Number of responses*	*Percent of responses*
One	17	21
Two	39	48
Three	22	27
Four	3	4
(n = 81)		

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[1] For example, people using only two alternatives could have a 4-3 split in responses or a 6-1 split.

variability. Interestingly, a rather larger minority of 31 percent employed three or four categories. It is clear from this finding that the 36 percent of nonsharing responses was widely distributed across the sample, involving 79 percent of the individuals in the married sample. Table 7 compares men and women on this dimension.

Contrary to cultural expectations of female fickleness and indecision, the women were somewhat more consistent in the way they made decisions. Seventy-nine percent of the women were by definition consistent, while only 59 percent of the men qualified as consistent by our definition.

When the content areas are examined for consistency, there is seen to be a range for the total sample of 20 percent deviations on the question of deciding on the budget to a high of 37 percent deviations where disliked relatives were the issue.

Taking men and women separately, men showed the lowest rate of deviance (from their usual choice) of 21 percent in the cost of living decision, and the highest rate of 36 percent when deciding on taking a trip. The decision about buying a new television showed a 31 percent deviation from their usual choice and this deviation was significant at the .036 level. In other words, this economic type of decision called forth an "atypical" response.

On the distaff side, women were on the whole more consistent than men; however, the percent range of deviation was more extreme. Both extremes involved family decisions. Women were least likely to deviate (17 percent do) where a child in trouble was concerned, and most likely to be inconsistent (45 percent) where unwanted relatives were concerned.

Because the men were quite equally divided between consistent and inconsistent categories according to our operational definition, it was decided to compare the two types on a chart, rendering a clearer picture of the pattern of the deviant responses. The uneven distribution of women made this analysis meaningless for them.

Figures 1–3 group the situations by content area and demonstrate the distribution of responses for the categories of complementary-dominant,

Table 7—Comparison of consistency in men and women

	Consistent				*Inconsistent*			
	Used one		*Used two*		*Used three*		*Used four*	
	N	%	*N*	%	*N*	%	*N*	%
Men (39)	7	18.0	16	41.0	14	36.0	2	5.0
Women (42)	10	24.0	23	55.0	8	19.0	1	2.0

complementary-submissive, and sharing. The autonomous categorical responses were eliminated because of the low number of responses.

What conclusions can be drawn from these figures? First, as expected, consistent men consistently *shared* in decisions, and if they did deviate, it was in the direction of submitting to recreational decisions.

The inconsistent cohort of men did dominate in economic matters (as shown in figure 1), but they were even more submissive in recreational and in family decisions. The overall picture would seem to indicate that while the men perceived that they had decisionmaking authority in economic matters, this was more than compensated for by their submitting to their wives in family and recreational matters.

In the context of the retired couple, this finding has special meaning. With the disappearance of a job—the former economic focus of the family—economic decisions are probably mostly negative—i.e., in not spending money on a now restricted income. The area of dominance is then a probable source of strain. To submit in other areas of family life leaves little to the man in terms of his traditional role of head of the household.

Nearly half the married men in the study were involved in this finding; and, while tentative, the finding suggests the need for more indepth analysis of how a retired man perceives his decisionmaking role and the shifts that occur on retirement.

B. *Agreement—Disagreement.* With the relative lack of differentiation in and distribution among the four decision categories, the findings on whether couples *coincide* on their choice of category are extremely interesting. Coincidence, or agreement, was defined as: (a) both husband and wife chose sharing; (b) both chose autonomy; (c) one chose complementary-dominant, the other complementary-submissive.

No assumption was made that similar choice of category was in any way related to satisfaction with the decisionmaking process or with the marriage in general—a topic to be considered later—but the figures to be presented indicate that high rates of disagreement between spouses on how decisions are made may be related to the degree of difficulty in other areas of the marriage.

Subjects were merely stating how they (and not their spouses) thought a particular decision would be (or indeed had been) made, with no reference to or knowledge of how the other spouses might reply to the same question. The frequencies are shown in table 8.

Lack of agreement is indicated in nearly 50 percent of the couples on every situation with which they were presented, and there are minimal differences between content areas. As these were relatively long-term marriages, it is clear that agreement on how decisions are made is not a prerequisite of a *continuing* marriage. It is fair to say that a high rate

Figure 1

COMPLEMENTARY-DOMINANT

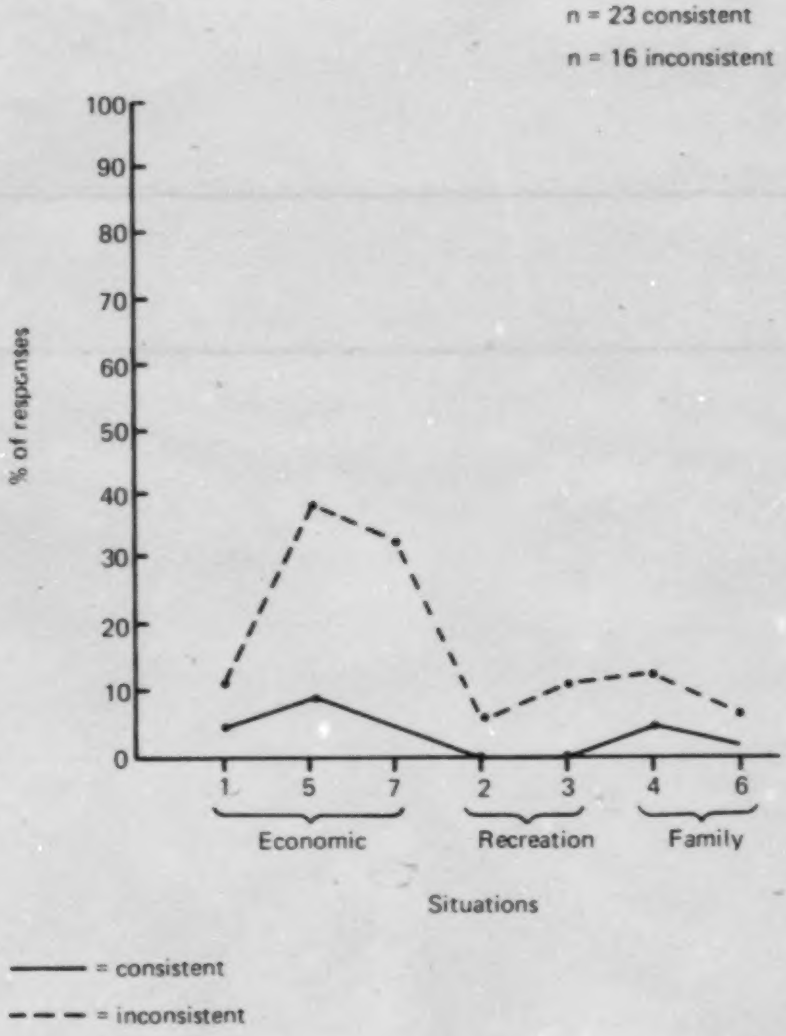


Figure 2

COMPLEMENTARY-SUBMISSIVE

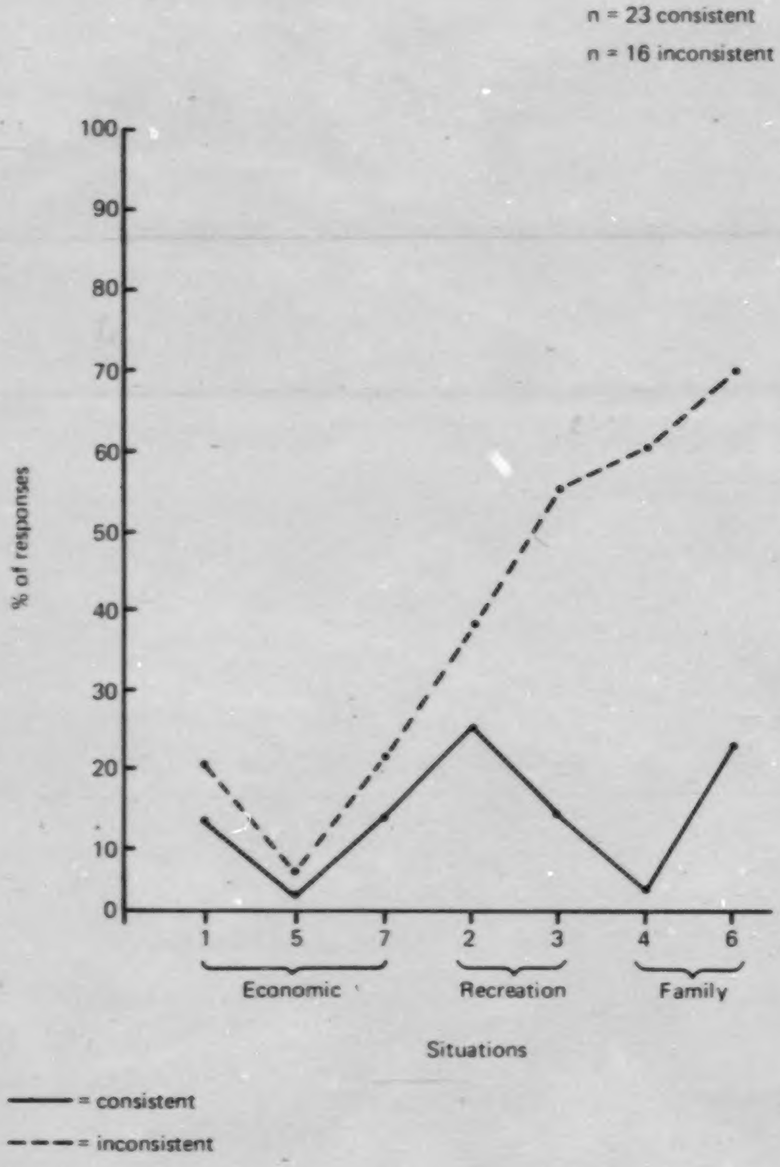
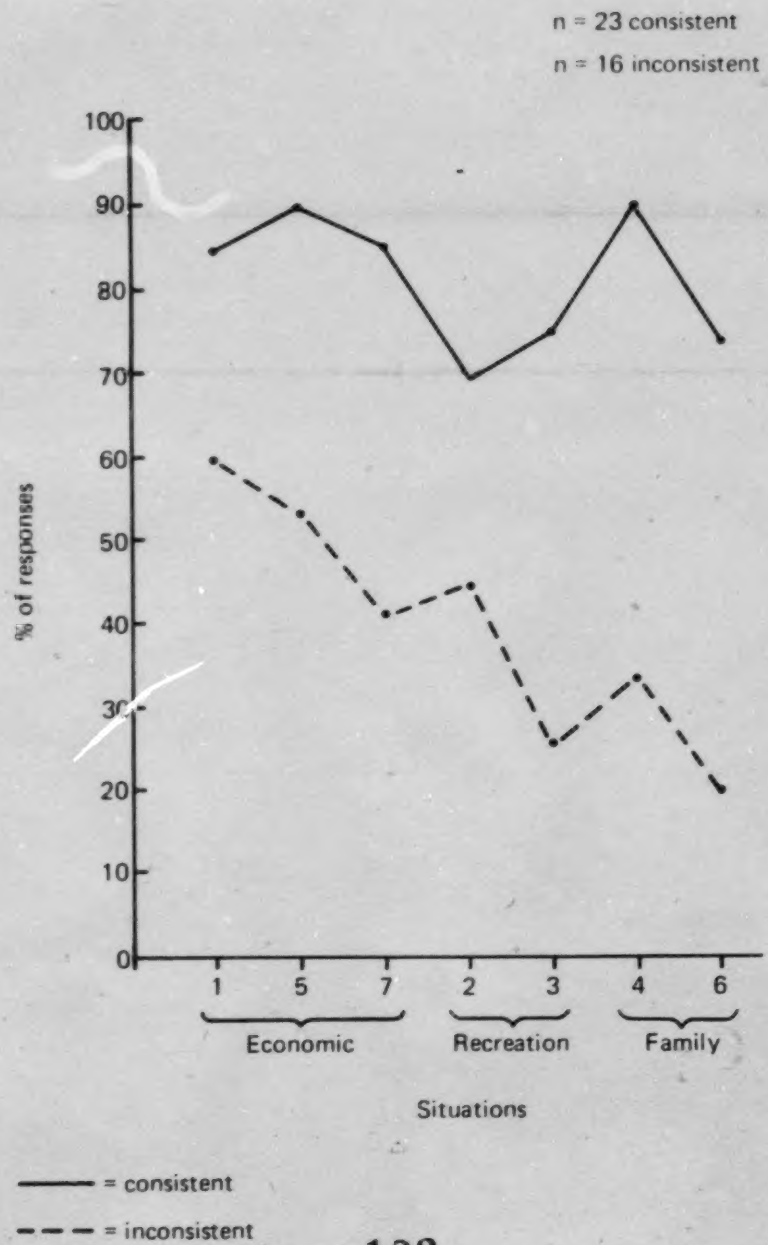


Figure 3

SHARING



of disagreement exists in this sample of couples. Why? Without comparable data it is of course easy to fault the method or the selection of situations, but the differences that do exist suggest another rationale. The highest rate of disagreement exists in recreational matters, and it may be that this area of decisionmaking—not as vital to the ongoing marriage—in some sense allows for more disagreement in other matters, so that consensus can be allowed to exist in more essential matters such as relatives and money.

It would be interesting to note what would happen if the couples were confronted by their own disagreement—would they argue or laugh? The finding that high rates of disagreement do exists raises a number of questions. Is disagreement a measure of lack of awareness of the other, a lack of awareness of how decisions are in fact made, or a need to cover up from one's partner that one perceives oneself as dominant or submissive?

It is true that there are relatively benign combinations of categories such as sharing and complementary-submissive; others on the face of it are more corrosive, such as autonomy and complementary-dominant. It would take a far larger sample to determine the types of disagreement and their relation to other aspects of the marriage.

A further analysis was done via correlation coefficients to determine whether agreement on one situation was correlated positively or negatively to agreement on any other situation. Two correlations were found and both involved a combination of an economic and a family situation. This particular finding lends credence to the idea presented earlier that these two areas require and get higher consensus than the less vital decisions on recreation.

Table 8—Agreement and disagreement frequencies between spouses

Decisions to be made	*Disagree*		*Agree*		*Blanks*
	N	*%*	*N*	*%*	*N*
Economic:					
Cost of living	22	46.0	26	54.0	5
Television	17	37.0	29	63.0	7
Moving	19	47.0	21	53.0	13
Recreation:					
Party	26	55.0	21	45.0	6
Trip	27	60.0	18	40.0	8
Family:					
Children	15	39.0	23	61.0	15
Relatives	19	49.0	20	51.0	14

How much did individual couples disagree? Was it the same one-half of the couples who were doing most of the disagreeing? The breakdown in table 9 provides this information.

There was a wide range of disagreement, and the chart approximates a normal curve. Eight percent of the couples agreed on none of the situations, and 5 percent on all of them. The majority fell near the middle. Thus, nearly all of the couples were contributing something to the high rates of disagreement. If either spouse did not respond to a situation, then obviously no comparison was possible for this dimension. Table 10 indicates the number of "blank" responses, the couple being considered the unit.

For purposes of further analysis, those couples who agreed on four or more situations were labelled "agreers" and those agreeing on three or less, "disagreers." This dichotomy was then related to a series of demographic and outcome variables to determine whether there were discernible characteristics of the two groups, husbands' and wives' responses being treated separately.

When the dichotomy was checked against the wives' responses, two variables emerged as significantly related to the agreement-disagreement dimension: state of health and morale. The relationship with health is shown in table 11.

Table 9—Number of couples agreeing on situations

Couples agree on	*Percent*	*Cumulative percent*
0	8	8
1	10	18
2	14	32
3	20	52
4	29	81
5	6	87
6	8	95
7	5	100
Blanks	4	
n = 49		

Table 10—Breakdown of blanks

	0	*1*	*2*	*3*	*4*	*5*
Number	29	10	4	4	0	2
Percent	59.2	20.4	8.1	8.1	0	4.2
Cumulative %	59.2	79.6	87.7	95.8	95.8	100.0

Table 11—State of health

	Poor-Fair		*Good*		*Totals*
	N	%	*N*	%	*N*
Disagreers	8	73.0	18	47.0	26
Agreers	3	27.0	20	53.0	23
Totals	11		38		49

Table 12—Morale and disagreers and agreers

	Disagreers		*Agreers*	
Morale	*N*	%	*N*	%
Low	7	28.0	—	—
Medium	14	56.0	12	52.0
High	4	16.0	11	48.0
Total	25		23	

The direction is clear: "disagreers" were centered in the poor-fair health group.

The morale scores provide an even more striking distinction, although the problem of too few cases remains (see table 12). Clearly the women's responses indicated that the "disagreers" were centered in the low morale categories. Without suggesting the kind of relationship that exists between these two variables, it makes sense that they are in fact related. The general tenor of the household, whether disagreement is perceived as outright or not, is related to the wife's morale scores, a kind of measure of this mood.

Some mention should be made that satisfaction with life in general before or after retirement was not related to the dimension of agreement-disagreement. However, a positive attitude toward retirement—presumably a more general emotional appraisal—is related to a high rate of agreement (table 13).

Turning to the relationship between the husbands' responses and the identical list of variables, it was found that differences between husbands and wives existed.

Health was not related to the dimension of agreement on modes of decisionmaking; and while morale is in the same direction (i.e. high morale and high rate of agreement), it did not significantly differentiate the "agreers" and "disagreers."

For the men, however, other dimensions appear to be more relevant. First, the importance of a job in the total life context is apparent. For, those men who attached either no importance to their former jobs or extreme importance to them tended to be among the disagreers. It is easy to understand that unstated friction in the area of decisionmaking could arise with the loss of a job. The other extreme is less easy to interpret but suggests that denial may be a factor in the "no importance" response. However, more detailed questioning and more respondents would be needed to ascertain this point.

Satisfaction with life after retirement is significantly related to agreement on decisionmaking, contrary to the wife's responses. Table 14 indicates this.

Clearly, the "agreers" found retirement agreeable, and the happier they were, the less disagreement there was on decisions.

Another question, not asked of the wives, concerned whether retirement was a big change for the household. Those who experienced more disruption at retirement were more likely to be found among the "disagreers" (table 15).

While more extensive comparisons of husbands' and wives' responses are precluded by the wife's shortened version of the questionnaire, it would seem that the dimension of disagreement between husbands and wives differs. The wives among the disagreers were more afflicted by poor health or low morale, while the husbands were more directly concerned with evaluating their lives in the retirement stage: in some sense, the significant findings for men concern more realistic-objective matters.

Table 13—Attitude and disagreers and agreers

	Disagreers		*Agreers*		*Total*
Attitude	*N*	*%*	*N*	*%*	*N*
Negative	12	54.6	4	25.0	16
Positive	10	45.4	12	75.0	22
Total	22		16		38

Table 14—Life satisfaction before and after retirement for agreers and disagreers

Satisfaction before and after retirement	*Disagreers*		*Agreers*	
	N	*%*	*N*	*%*
Less happy	10	38.5	1	4.5
Just as happy	10	38.5	9	40.9
Happier	6	23.1	12	54.5
Total	26		22	

Table 15—Retirement presents change

Retirement a big change	*Disagreers* N	*Disagreers* %	*Agreers* N	*Agreers* %
Yes	13	57.0	7	33.0
No	10	43.0	14	67.0
Total	23		21	

For both husbands and wives, the dimension of agreement-disagreement on modes of decisionmaking is relevant to other aspects of their well-being, and possibly the optimal functioning of their marriages.

C. *Satisfaction and Dissatisfaction*. Husbands and wives were both asked whether they were satisfied with the way decisions were made in their marriages, irrespective of the type of decisionmaking. Here a more conscious evaluation of the decisionmaking process is being considered.

In all, 24 (out of 53) couples had at least one member who was consciously dissatisfied. The dissatisfied and satisfied couples formed a new dichotomy which checked against a list of variables thought to be relevant to the marital situation in retirement. As in the previous section, first the relationship obtained for the wives will be reported followed by those for the husbands.

The first finding is that there is no apparent correspondence between the findings on "satisfaction" and the findings on "agreement" for wives. Neither health matters nor morale are significantly related to satisfaction with decisionmaking, nor is it related to satisfaction with life in general. This suggests that the two dimensions are distinct and getting at two different levels of the structure of decisionmaking.

There is some indication that satisfaction with decisionmaking is related to actual financial restrictions and to the degree of optimism about the financial situation in retirement; the more satisfied wives being in the better financial situation, but the tables do not reach acceptable levels of significance. The best discriminator of satisfied and dissatisfied couples is the wives' attitude toward retirement, not, as stated, their sense of satisfaction with retirement in general.

Those who had positive expectations about retirement that were fulfilled were blatantly more satisfied with decisionmaking (table 16).

Attitude towards retirement (eliminating the small ambivalent and "no thought" categories) shows the same strong distinction (table 17).

When run against the male responses to the list of variables relevant to marriage, findings similar to the wives about the financial situation emerge. Satisfied couples tended to have husbands who perceived few

Table 16—Expectations about retirement

	Satisfied		*Dissatisfied*		*Total*
Expectations	*N*	%	*N*	%	*N*
Positive	20	91.0	9	43.0	29
Negative	2	9.0	12	57.0	14

Table 17—Attitude towards retirement

	Satisfied		*Dissatisfied*		*Total*
Attitude	*N*	%	*N*	%	*N*
Positive	14	83.0	8	38.0	16
Negative	3	17.0	13	62.0	22
Total	17		21		38

financial restrictions and who were realistic in appraising the retirement financial situation.

In other areas, the husbands differed from their wives. Satisfaction with life after retirement and high morale were significantly linked with satisfaction with decisionmaking. Again, contrary to the wives' responses, the husbands' attitude toward retirement was not significantly associated with satisfaction with decisionmaking.

A final check was done on this dimension to see whether any one content area gave rise to more dissatisfaction. The relationships indicate that neither male nor female responses to the seven situations presented gave any significant differences in satisfaction with the decisionmaking process. This suggests that satisfaction or dissatisfaction tends to be global, not specific to any one content area.

Conclusions

The original aims of the study were somewhat modified by the distribution of the responses once the data were available. However, some modest goals were achieved.

First, this kind of typology is one to which the subjects could respond. The categories made sense to them, although in further research the category of autonomy would be eliminated and possibly replaced by another alternative, simply because total autonomy is not supported by the culture, and the increased contact with retirement between husband and wife makes such autonomy even more difficult.

Second, with the knowledge that the typology "works," a sample of couples selected on the basis of their decisionmaking patterns would assure a better distribution among the categories and, consequently, the possibility of testing results in a more definitive manner.

Third, a larger sample of married couples is needed to get acceptable tables on such variables as social class. Some suggestive findings emerged, such as: the blue collar class were more satisfied with the decisionmaking in their families and selected the sharing category somewhat more frequently than the white collar class, but the findings were not usable.

Fourth, the dimension of agreement-disagreement with respect to category choice was most interesting. As an original goal was to relate family functioning to physical and mental health status, the findings do suggest that this would be a fruitful area for future research.

Finally, the fact that decisionmaking does seem to correlate with the major outcome variables of the study—morale, satisfaction with life, etc. —suggests that this dimension, selected *a priori* as important to family functioning, is indeed worthwhile pursuing and adding to the list of variables considered in other research as essential to effective marital adaptation to retirement.

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conclusions and implications

In this study three major goals were articulated, involving essentially the study of the nature and outcome of the retirement experience, and the investigation of those factors which might affect the quality of this experience adversely or favorably. The investigation was based upon a systems' conceptualization of the problem, and included therefore a (partial) study of the family in addition to exploring the personal experience of retiring individuals. The goals specifically were: (a) to determine whether the concept of patterns was a useful one for organizing and investigating the retirement experience; (b) to delineate predictive variables which would affect outcome, especially morale, and to develop hypotheses from these; and (c) to determine the influence of retirement upon the family (largely dealt with in chapter 10).

The conclusions described below are of two kinds—what the data suggest, and what implications lie in the data for action.

1. Patterns

In the earlier chapter on theory, one of the central themes is the proposition that people may engage in any one of a variety of ways of coming to terms with the transition from work to retirement. Problems may then result if the preferred way turns out to be impossible. This may result from an incapacity of the individual, or more probably from some kind of lack or resistance in the system. A community may simply not have jobs for retired people, or a wife may fail to appreciate a husband who decides he just wants to relax. It was hypothesized further that failure to engage in the preferred patterns, for whatever reason, may result in the individual's adopting a secondary pattern or developing symptoms of maladjustment of one kind or another.

This theory was investigated by inquiring about respondents' needs before and after retirement and detailing the activities which they engaged in to satisfy these needs. However, this investigation turned out to be much more difficult than expected, and failed to reveal adequately the kind of information about patterns hoped for. It has been necessary to infer to a large degree the extent to which people indeed do engage in the kinds of patterns proposed.

In this chapter what evidence there is for the existence of these patterns is set out with no pretense that this evidence is either conclusive or persuasive!

The four patterns are now briefly described again. The first, a common pattern, *is* that of *maintenance*. Persons in this category essentially attempt to satisfy the same needs after retirement as before retirement in the same kind of way. These people are the ones who make extraordinary efforts to continue to work in one form or another. A second, and probably equally common pattern, is that of *withdrawal*. Those who follow this pattern see retirement essentially as a time to relax and to give up many kinds of former activities and interests but to adopt few new ones. The last two patterns are more complex. Rather than being self-evident, they require some interpretation of what individuals are doing. Individuals who identify with the third of these patterns (which is here called *changed activities* to satisfy same needs) attempt to satisfy the same kinds of need as before retirement, but by engaging in a different set of activities. This implies that they had strong needs and a high capacity for adaption. Thus, one man in the sample talked about his work before retirement as basically providing him with public recognition and esteem for a job well done. He was responsible for organizing the vehicles in a yard. His comments concerning the rewards he gained from this work dealt primarily with the congratulations people gave him on his efficiency, etc. Shortly after retirement he talked in exactly the same fashion about keeping the shrubbery around his apartment house clipped and elegant, and about the statuettes he had made. His pride was not in his creativity but in the fact that people came to congratulate him on his skill. Thus, apparently, he had successfully found a way to continue to satisfy the same needs, but by very different actions.

A fourth pattern—a variation of the third—was followed by people who find retirement an opportunity for satisfying a quite different set of needs. They may continue (though not necessarily) the same kinds of activities they had engaged in or they may adopt an entirely new set of activities to satisfy that different set of needs. These people have perhaps anxiously awaited retirement as a relief from external pressures, which would enable them to do things they had always wished to do.

It has been stated that patterns of retirement activities reflect underlying needs. Therefore, one way to identify those people who try to continue preretirement patterns of activities is to note their attitudes toward the retirement event itself. Some 11 retirees of the total 29 who were not looking forward to retirement mentioned that their reason for dreading retirement was that it posed a threat to previous activities. Two of these previous activities were self-directed activities, five were concerned with work, and four were related to friends at work who would be missed. A somewhat larger number, 22 in all, making approximately one quarter of all retirees, mentioned the discontinuance of social activities relating to work as their reason for dreading retirement; and for these, maintenance presumably might be the pattern.

Turning now to the *withdrawal* pattern, again the evidence is tangential. Nineteen of 70 persons reporting social activities had no social activity involving others, while about 40 others had none which were self-oriented social activities. This suggests a fairly large proportion of the sample were in at least some sense withdrawing.

The kinds of new activities engaged in by the new retiree, whether for the satisfaction of new needs or of old needs in a new form, are directly related to the degree of his morale. In particular, "helping others" is a significant activity. This kind of activity may be related to the need for meaningful relationships, which seem to give the retiree a sense of self. Other activities, of a more self-oriented fashion, are not so significantly related. Of the 88 persons reporting on social activities, some 22 reported social activities in the "helping others" category; 13 of these fell within the high morale group, eight into the medium, and only one into the low. "Arts and crafts" activities were listed by another 22 retirees, while "home-related social activities" were mentioned by 35.

When the retirees' preferences of work in retirement were categorized according to *changing* versus *unchanging* activities, the result was somewhat equivocal. Of the 82 retirees reporting (55 men), 31 wished to continue working (20 men). Those who wished to retire demonstrated a greater stability of morale, since only some 40 percent experienced a change in morale following retirement. Of those who wished to continue to work, somewhat over half experienced a change in morale following retirement.

What conclusions may be drawn from the data supplied by those in the *changing* activities category? When that group of the retirees whose first need persisted into retirement (i.e., was still present at interview) was asked about the activities that they had engaged in to satisfy their needs, and whether these present needs were different from or similar to those in their previous job, the vast majority (61, or 92.4 percent of the 66 responding) stated that the activities were different while the need remained the same. For men the proportion was even slightly higher—about 95.3 percent. Taking a look more directly at need satisfaction, of the 82 retirees responding, 66 reported that the major need satisfied at work continued to be positively satisfied, while only seven reported that it was blocked, and nine that it was no longer present. Thus, those reporting satisfaction outnumbered those reporting frustration by more than 4 to 1, which suggests that activities had changed rather than needs. There did not appear to be a clear-cut relationship of these data to morale.

But if the relationship between activities and happiness following retirement is considered, it seems that there is a fairly strong connection between those engaging in numerous activities and those that reported a high degree of happiness. This suggests that a common pattern following retirement is the successful substitution of activities or a change in them. Thus, of 33 retirees with a high social-activity index[1], 18 were more happy, four less happy and 11 remained the same as before retirement. But of 30 scoring in the middle range of the social-activity index, only seven reported being more happy, nine less happy, and 14 reported no change.

This tendency for high activity people to engage successfully in substitution or change of activities was somewhat confirmed by the fact that more of the high activity group preferred retirement (20 out of 31) than of the medium activity group (16 out of 30). But in passing it should be noted that these two groups cannot be distinguished on the basis of whether or not they liked work, since equal proportions reported liking, disliking, and being neutral toward work. (A minor note in passing is that the five low-activity people all fell into the "liking work" category, which suggested that for them this was their major activity).

There was no relationship between the activity (quantity) index (that overall measure of number of activities) and morale change, for in each category of activity (high, medium, and low), equal numbers fell within the changing and unchanging morale groups. However, the diversity index, a measure of the different kinds of activities in which people engage, showed that there was some tenuous relationship, since those with higher diversity tended to have less morale change. Of the reasons that people gave for not engaging in postretirement activities, most (20) of the 45 respondents reported poor health to be the major reason and 11 gave economic reasons. Others gave reasons including time, opportunity removed, the nature of the activities, and intrusions of family concerns.

Returning again to the relationship of activities to morale, the relationship between the two was quite significant. Of the low "social activities toward others" group (26 in all), 11 reported low morale and 15 high, while of the 20 in the high activity group, only four fell in the low morale group while 16 fell in the high morale group.

It might be thought that the quantity or diversity of social activities was related to class. However, this was clearly not so, for of 70 retirees (where

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1. The activity index was a simple condensation across the various specific activities to estimate a single measure of social activity.

data were available), 20 of the 40 blue collar workers fell in the high activity group while only 13 of 30 white collar workers fell in the high activity group.

Lastly, the type of need and the level of postretirement activity appeared to be unrelated. Different needs did not therefore appear to give rise to different requirements for amounts of activity.

In conclusion, the evidence adduced from the data is, to say the least, tenuous, and little can be said for or against the validity of the concepts. They do provide, however, a useful way of thinking about the issues of retirement.

2. Predictive Criteria

A. *Problem Solving*

The literature on crisis suggests that people who have the capacity to anticipate crises, and have had previous successful experience with solving them, are better equipped to handle future crises than those who lack either. If this is true about crises, it might also be true about critical role transitions, although of course there are greater degrees of difference between each critical role transition that an individual goes through than there are between different crises. Thus there are certain kinds of people who seem to rise heroically to emergencies, whatever their nature, who might not handle the transition of adolescence or of marriage or of retirement with the same adroitness. Nevertheless, retirement is a critical transition and the individual's previous disposition to see problems as challenges or as threats might well dictate to some degree his tendency to see this critical transition in one or the other fashion. Equally his skill in having faced and managed previous major problems in his life with greater or lesser degrees of success might also dictate his skill in dealing with this major problem.

A simple typology of problem solving was developed, containing three categories: (a) those who did not cope with problems, (b) those who successfully reduced the tension that they experienced in relation to problems (but the problems remained unsolved), and (c) those who solved the problems either by : (1) the effort of others, or (2) by their own efforts. Some clarification is required of the second category. This is quite a common solution for many people. A man who has difficult relationship with his boss at work may come home and throw his energies into building his house, successfully discharging his feelings, but without touching the source of his troubles.

Having postulated that there may be some relationship between problem-solving style and the present handling of the retirement situation, simple questions along these lines were asked in phase I, and explored further in phase II. Quite clearly one cannot simply ask individuals, "How do you handle problems?" The approach was to ask respondents to specify what they had felt to be a major problem before retirement and to talk about the way they handled it. Then the question was repeated for the postretirement situation. Unfortunately this was one of the several areas where, perhaps because of the threatening nature of the question, a minority of individuals gave responses. Of 146 subjects in toto, 59 did not specify any problems for the preretirement question, and 89 did not specify any problem for the postretirement question.

The majority of the 87 responding to the preretirement problem noted "restrictions on freedom" as their main problem (46 persons). Fourteen people talked about psychological problems, 11 about death in the family, nine about interpersonal problems and seven mentioned problems with their marriage. Smaller numbers reported not being able to work, work conditions, or anxiety about retirement. There was a fairly even distribution across the four categories of problem-solving styles with a majority finding solutions to problems themselves. Only 13.8 percent did not obtain any relief from their preretirement problem.

Table 1—Preretirement problem solving by sex and retired status

	Sex/retired status					
Solving of the problem	*Male retirees*	*Male non-retirees*	*Female retirees*	*Female non-retirees*	*Total*	
	N	*N*	*N*	*N*	*N*	%
Unresolved	5	—	2	5	12	13.8
Tension reduction	9	—	7	6	22	25.3
Solved by others	7	2	4	7	20	23.0
Solved by self	13	—	7	13	33	37.9
Total	34	2	20	31	87	

For postretirement problems only 57 replied and 24 of these reported "restrictions" as their major problem; 14 reported "worry" and very small numbers mentioned death in the family, problems with marriage, a child, relatives, moving, or with retirement itself.

Postretirement problem-solving style showed a somewhat higher percentage, 21.1 percent, unable to solve their problems, and a somewhat smaller percentage, 26.3 percent, who successfully solved problems by their own efforts (compared with 37.9 percent preretirement) (table 2). This suggests a drop in problem-solving capacity from preretirement to postregests a drop in problem-solving capacity from preretirement to postretirement but since the numbers are so small, this change is questionable.

Even with these small numbers each style can be related to the individual's morale and this is done for the retirees in table 3.

While table 3 is not significant, there is a tendency for the high morale group to obtain some relief from their problem-solving capacity, and a higher proportion of them were able to solve problems by their own (or others') efforts. This is true for both the preretirement and postretirement situations, as is shown in table 4. Once again the numbers are small, but since these tables are internally consistent, the trends are at least suggestive.

When the relationship between activities and problem-solving was examined, bracketing together the unresolved and tension reduction categories as "unsolved," and the other two as "solved," three of the

Table 2—Postretirement problem solving by sex and retired status

	Sex/retired status					
Problem solved	*Male retirees*	*Male nonretirees*	*Female retirees*	*Female nonretirees*	*Total* *N*	*%*
Unresolved	4	—	1	7	12	21.1
Tension reduction	6	—	6	6	18	31.6
Solved by others	6	1	2	3	12	21.1
Solved by self	5	—	4	6	15	26.3
Total	21	1	13	22	57	

Table 3—Preretirement morale by problem solving

	Morale				
	Low	*Medium*	*High*	*Total*	
Problem solving	*N*	*N*	*N*	*N*	*%*
Unresolved	2	4	1	7	13.2
Tension reduction	2	8	6	16	30.2
Solved by others	1	5	5	11	20.8
Solved by self	3	8	8	19	35.8
Total	8	25	20	53	

Table 4—Postretirement morale by problem solving

	Morale				
	Low	*Medium*	*High*	*Total*	
Problem solving	*N*	*N*	*N*	*N*	%
Unresolved	4	1	—	5	15.2
Tension reduction	3	6	3	12	36.4
Solved by others	—	5	2	7	21.2
Solved by self	2	4	3	9	27.3
Total	9	16	8	33	

medium activity people reported their problems as unsolved and seven as solved, contrasting with eight of the high activity people reporting their problems as unsolved and five reporting problems as solved. Active people therefore seem to have more unsolved problems!

But again the conclusion must be that the verdict is unproved. These findings suggest that problem-solving style is a useful way of thinking about certain capacities that individuals have in relation to the situations in which they find themselves. Those with a greater capacity to handle problems seem to manage their lives better, and past experience (at least as recalled) seems to be a predictor of future success. Of course these were people living in the present, responding to questions about their past capacities, and this effort of recall might well be distorted by the success or failure of the present experience.

B. *Some predictive hypotheses devised from the theoretical systems model*

The first group of hypotheses dealt with work involvement.

It was proposed that: *Men in higher status occupations would tend to have a higher involvement with work (work involvement directly measured through questions concerning satisfaction, prestige, autonomy, time spent, and so forth) and greater satisfaction from their occupational lives, and that they would be less satisfied at retirement.*

Men from higher status occupations were found more likely to say that they had a difficult time adjusting to retirement, and there were trends to support the above hypothesis on both "effects of leaving job" and "satisfaction with retirement." The following two cases help to illustrate this point:

> Mr. A had a professional designing job where he had considerable autonomy in performing his own role. He had great pleasure in his work and considered himself creative. Other men came to him with their work problems, his advice was respected, and he felt that he had authority and admiration. His work preoccupied him even in his supposed

> leisure hours, and he spoke of waking from his sleep to work out some knotty problem. Mandatory retirement cost him a great deal since his life had centered in his work, and now he said he spends much of his time looking for another job but that his frustration increases each time he is told he is too old.
>
> Mr. B on the other hand worked in a shipping room filling orders. While he thought that "a man should work" and felt that he was decently paid and well treated by the company, he did not really enjoy his job. He said that what he did was rather routine and that he had too little contact with other people. He felt that he had practically no control over his own work and that when he thought something was being poorly done, he "kept his own counsel" because "no one would want my opinion." Retirement was rather a relief because he was beginning to feel "a little pressure." His only problem with retirement was learning to accept a more leisurely routine and a slight nag at the back of his mind because he had been brought up to believe that it was part of the definition of a man that he perform a gainful work role. Otherwise he feels more relaxed, thinks his health has improved, and accepts retirement very well.

Since two of the correlations did not quite reach significant levels, and there were some contradictory trends, the hypothesis appears to need modification: Men in higher status occupations do have significantly more group affiliations and other interests than do men in lower status occupations. From some of the case histories, it was possible to note that men from higher status occupations often were able to transfer from preretirement work to other activities, thus easing the transition to retirement. Supporting evidence includes the following: (a) Falling morale people had *less* financial restrictions. (b) Importance of job was class-linked (no strong association). (c) Preponderance of "*job most important thing in life*" responses were from upper white collar class. (d) White collar men prefer working to retirement. (e) Job assumes most importance at high income levels. (f) The lower morale group prefers working to retirement. (g) Present morale and satisfaction before retirement linked for men. (h) Present morale and satisfaction after retirement linked for men. However, evidence contradictory to these findings indicates that: (a) Upper white collar workers experienced the least household change after retirement. (b) Those who preferred working had a rise in morale after retirement.

A further hypothesis was that: *Men in higher status occupations will have a higher involvement with work, and when there is high involvement coupled with the exclusion of other membership groups, men will be less satisfied with retirement.*

> Unlike Mr. A, Mr. C had always had an interest in volunteer work, particularly teaching teenage boys his engineering skills. At retirement, he made a fairly easy transition by transferring more of his time and energies to support such projects.

> Mr. D, in a very high managerial position, was able to retain his board memberships and with them many of his former activities and much of his former prestige.

The data demonstrate that white collar men prefer working and value a job more highly than blue collar men, and support the hypothesis.

A third suggestion was that: *When men with a high work involvement retire, more strain tends to be generated in the family than when men with lower work involvement retire.*

This was generated by comments from the case material when men talked about adjustment to retirement. To return to A and B above:

> It has already been mentioned that Mr. A was preoccupied with his work both on the job and at home. Consequently family interaction was somewhat low. He said during the interview several times that for his wife it was like having a "stranger in the home," she wasn't used to having him about all the time, and it interfered with her daily round. To relieve tension in the home, he worked in the garden as much as possible but remarked, "You can't do that in the winter time."
>
> Mr. B, however, "always left his work at the company." He and his wife spent much of their free time together, he liked to help with little chores, and they both enjoyed music and going to the movies and having other small outings together. Mrs. B looked forward to his retirement—he helps her more now around the house, and they both have more free time to spend on their small pleasures.

Evidence supporting this from the data was that men are most concerned with freedom and freedom from restrictions after retirement (no controls for work involvement). However, the upper white-collar class experience the least household change after retirement, which contradicts the proposal.

Finally, it was suggested that: *Women will tend to have a lower involvement with work than men and also to have an alternative domestic role and therefore are more satisfied at retirement.*

On the early cases all correlations with satisfaction at retirement, satisfaction in general, effects of leaving job, and the like were significantly more positive for women than for men.

> Mrs. E said that she was happy to retire. She had felt it wise to work as long as possible, but she had always preferred working in her small home and big vegetable garden of which she was very proud. She didn't really mind her job and said the people were "always nice and friendly," but she liked her present situation very much better.
>
> Mrs. F, who had worked her way up to a very high and responsible clerical position, left her job with some misgivings. She had enjoyed her work, but at the same time had begun to wonder whether it was worth the wear and tear. Her husband, who had been in a travelling job, changed to work within the immediate area, and thus she had more companionship in the home. She revived her latent talents for decorating and fancy

> needlework and is now a contented woman who "wouldn't go back to work for anything."

It should be noted that the sample contains a majority of single/widowed white collar women. Evidence at least partially supported the following: (a) Women (all kinds) were less involved with work. (b) Women retirees (i.e., mostly single and therefore with fewer family commitments) were more active than men. (c) Women had slightly lower morale. (d) Biggest morale change (up or down) in the lower white collar group was among single women.

> *The systems approach implies that retirement means the loss of a significant role and suggests that satisfaction with retirement will tend to be greater where the individual has alternative significant roles to play.*

It was stated that women appeared to be far more contented with retirement status than men. As the case material suggests, one reason for this is probably that women have an alternative customary domestic role to play whereas men frequently do not. (It should be specified that "role" does not necessarily mean a social role. One can also play the role of inventor, creator of ceramics, and the like in a home workshop.) In this sense women are more resourceful and adaptive than men if "gainful employment" ceases. Since in the United States it appears that work and family are the two central membership systems in which individuals are involved, family roles such as husband, wife, sister, brother, grandmother, grandfather, mother, father, and the like can be very meaningful. At the age of retirement however, children and grandchildren, if any, may be far away. Many individuals in our sample appeared to have fairly close interaction with only one family member, most often the husband or wife, or in the case of single people, a brother or sister. If, following retirement, this one family role becomes the only significant role the individual is playing, it is possible to predict that the loss of this one remaining role will have very disruptive effects (Mr. and Mrs. B might be a case in point). When the two events coincide closely, the loss of the work role will be heightened since more time is available for brooding. If, on the other hand, the individual still has other significant roles available, the second loss may be mitigated proportionately to the strength of the remaining roles. On the basis of this data and through the development of this line of reasoning, it should be possible to predict additional hypotheses.

> Mrs. G was satisfied to retire somewhat early in order to retire at the same time as her husband did. They had married rather late and had no children and had been an extremely companionable pair. They enjoyed working together in house and garden, taking off on the spur of the moment for short trips and "sprees," entertaining and being entertained by a small circle of other married couples with whom they were friendly.

> One year after his retirement, Mr. G contracted pneumonia and died very suddenly. When Mrs. G was interviewed a year later, she was still a very unhappy woman who had almost become a recluse. Although theoretically she still had her domestic role, it was no longer very important to her. Her old couple friends still called her, but she avoided their company because it reminded her of her bereaved state by contrast. The one thing she could think of that might alleviate her depression was to find some new work, perhaps volunteer work, but she had not yet felt able to make efforts in that direction.
>
> Mrs. H, in a very similar position and even more recently widowed, could not control her tears. She said that since her husband was gone, she could not take an interest in anything and just stayed at home and "stared at the four walls."

An interesting sidelight on the relationship between satisfaction with retirement and sex was that in the early interviews, single women outnumbered men about 4 to 1. Although these women sometimes lived with or had close contact with a brother(s) or sister(s), they were not parts of marital dyads. Examination of the case material, however, indicated that many of them were very well satisfied with their condition. Preliminary examination of the case material also suggested that, although these women usually had had a domestic role throughout life, they apparently felt less tied to it after retirement, and seemed to be habitually getting out of the home or into other social activities and interests which they were now free to engage in with greater energy than before.

> Miss I lives in an apartment in the same house with her sister and brother-in-law, but they retain relatively separate households. Miss I attended the conservatory in her youth and hoped to be a concert pianist. Her ambitions were frustrated when she had to go to work during the Depression, but she has always kept up with her music and plays weekly with a chamber group. Now she has more time for her music and more time to attend concerts and museum exhibitions with congenial friends. She also likes to write, keeps up a voluminous correspondence, and has written several articles, mostly for her own pleasure. She has found that by acting as a companion to a convalescent older woman for a few weeks from time to time, she can supplement her income sufficiently so that she can travel, something she loves to do and had little time for before retirement. For Miss I, work was something she had to do to earn a living, and retirement is "the best part of life."
>
> Miss J describes herself as a "gadabout." She has always kept up a lively circle of friends, who shop, play bridge occasionally lunch in town. She has no close family, but she enjoys "helping others" and often plays chauffeur for some neighborhood stay-at-home. She is somewhat involved in church work and likes to knit and embroider. For her also, retirement is a release for more interesting activities, and she "never has a minute."

One of the few hypotheses dealing with the community was that: *Satisfaction with retirement will tend to be related to the age composition of the retired individual's neighborhood.* Evidence is only anecdotal.

> Mr. K lives in a neighborhood in which most of the residents are in a much younger age group. He admits that he still feels restless when the morning bustle with all the men getting off to work begins. He and his wife apparently get on very well on the whole, but she apparently is also affected by the changed social climate of the home. In the interview he said he believed she felt he was "loafing," and that she sometimes asked him if he was "just sitting there again."
>
> Mrs. L lives in a comfortable-looking, slightly shabby neighborhood. She keeps her house spic and span, loves to cook and "fix things up." Her only complaint is that her children and grandchildren live far away, although they are all regularly in touch. One of her biggest satisfactions is that they live in a neighborhood where there are many couples in the same age group and there is high interaction in terms of "visiting" and social activities.

An important hypothesis regarding income was that: *Above the subsistence level (as defined by governmental standards), income loss will be felt in direct proportion to the extent to which it limits opportunities to engage in formerly valued activities and interests, rather than to the absolute amount of the loss.*

In this study an attempt was made to get precise figures on income before and after retirement, so that extent and amounts of income loss at differential levels could be accurately documented. That income loss per se was a problem at the lower levels was quite evident. When people at lower levels are unhappy about retirement, it is generally due to fear of income loss. This fear generally overshadows everything else at the time of retirement (unless there is also serious ill health). However, a very good spread has been achieved throughout the occupational strata, so that people at very low income levels constitute a minority. In line with previous thinking, the hypothesis mentioned above, concerning the effect of income loss, was formulated.

> Mrs. M, a widow, suffered an income loss of only about $400 a year, leaving her in an income bracket well above subsistence level. She owned her own five-room house free and clear and had her own car. Yet the income loss robbed her of exactly that margin which had permitted her some luxuries and freedom from worry. She now hesitates to take her car very far for fear of repair bills, worries about possible increases in property taxes, and no longer makes spur of the moment purchases. Mrs. K's life is curtailed since she can no longer feel free to visit old friends living at some distance, has increased spells of "nervous stomach" and insomnia, and won't indulge herself in sending small gifts to her grandchildren who live over a hundred miles away.
>
> Mr. N, in far more affluent circumstances than Mrs. M, suffered a loss of several thousand dollars when he returned. He is still very well off by most standards. Nevertheless, he frets and his wife is upset because they have had to curtail their social activities, can no longer indulge in expensive pleasure trips, and may possibly have to sell their handsome home of which they both are very proud.

Evidence in support of the hypothesis included: (a) People with few financial worries had high morale. (b) Health and economic reasons were the most popular response to the question, "Why don't you engage in activities?" (c) In relation to satisfaction with the amount of activity, the lower classes stated they would like somewhat more activities, the upper classes were satisfied with the amount. (d) Financial restrictions were associated with lower morale (.001). (e) Satisfaction with retirement was linked to money *after* but not before retirement.

Contradictory evidence included: (a) Fit between expectations about retirement and their realization was good for all groups. (b) Perception of financial *restrictions* was not class-linked. (c) Blue collar had highest positive anticipation and these expectations were realized. (d) People with falling morale had less financial restrictions (loss of valued role more important than money?) (e) Lowest income bracket ($1000-$4000) 20/26 people didn't experience many financial restrictions. (f) Money did not affect attitude toward retirement. (g) Highest morale was found in upper blue-collar class (indirect contradiction). (h) No category of activities was significantly class-linked (by inference, it was not income-linked—income run not checked). (i) Diversity index was run (how many kinds of activities do retirees engage in?)—diversity was found not class-linked, although the findings on this run were too shaky to use because activities were not adequately covered by interviewers.

In summary: *Expectations about retirement and felt financial restrictions are important.* (The link to valued activities is not clear.)

Implications for Retirement Programs

The idea of giving working men approaching retirement some formalized preparation is one that has developed since World War II and has paralleled the growth of pension plans (Hunter 1965*a*). This development has been somewhat unsystematic, emanating largely from such interested universities as Chicago in the United States and Liverpool in Great Britain.

The Industrial Relations Center at the University of Chicago carries out an attitude survey among older workers within a firm, runs planning and preparation courses if the firm commissions them, and produces a progress report of "gains in attitude change conducive to good adjustment in retirement" (Burgess 1961). Most programs in the United States are a result of cooperation between university and industry and very few have the backing of labor unions (Hunter 1965*b*). Two exceptions are a continuing and increasingly successful series of courses run by the Labor Division of Roosevelt University in conjunction with the International Brotherhood of Electrical Workers (Flint and Ruhig 1964) and the cooperation between a manufacturing firm and a labor union described by Hunter (1965*b*).

Generally, British programs have received a great deal more support from public funds which Hunter considers very important. He is concerned that preretirement education should be considered a special kind of continuing education and should become part of the responsibility of the public education system. He gives the British courses he reviewed credit for having greater flexibility and more group discussions than lectures.

Hunter makes a general criticism of the lack of theoretical frames of reference or objective attempts to evaluate results, and of critical shortage of personnel trained to run these programs. Most preretirement programs provide a relatively brief opportunity to explore some of the economic and pragmatic aspects of the postretirement period. However, it seems from the results of this study that people are fairly well alerted to these, perhaps in part because of the success of such programs. But the kinds of problems which develop for people are more subtly psychosocial. They have to do with the strains generated in a family, the cessation of interpersonal supports which had not previously been seen necessarily as important, or the way in which a community reinforces or denigrates status. To some degree an awareness of the likely import of such issues can be communicated to people through appropriately written articles, or through discussion groups. But the reality of such experiences is probably denied until they are experienced. By this time, the retired person may be out in the community and suffering. The implication for action would seem to be to establish groups which might discuss these problems for individuals before they retire, as well as after they retire when they were beginning to have some difficulties. In other words, there is a pressing need for postretirement as well as preretirement programs.

For, while the people described in this study are generally remarkably well-adjusted, healthy, and happy, it is clear that one major function is important to most of them. They have a need to be valued and needed. This need may be satisfied in many different ways and people obviously express the need in various ways. The need is most obvious in those lower white collar women who, having the major source of interpersonal relationships with their loss of work, attempt to get a part-time job. It is evident also in the fact that for the retiree, activities directed at interpersonal relationships are more valued than those which merely entertain him in his own isolated world. While most individuals had quite realistic anticipations and expectations of the retirement process, those who expressed the most anxiety were those who felt, again fairly realistically, that they would experience the most deprivation in this one important area—the loss of the sense of being important to others. This suggests a particular strategy for those who prepare retirement programs. They should focus their efforts on those more isolated individuals, women outnumbering men, who are likely to have some difficulty in finding new involvements in their new life. Throughout the body of this study numerous findings have been discussed regarding predictive variables, some of which are implicit in the hypotheses explored above. It is obviously possible to determine those subgroups more likely to run into difficulties in the retirement period and thus to expend economically the bulk of the efforts of preretirement and postretirement programs upon a critical group who are likely to suffer rather than the total population of retiring persons.

The final area of concern and interest, the effect of retirement on the family, is discussed at length in chapter 10. The major conclusion is that the change in the status of the man upon retirement does alter the decision-making pattern of the household, and is therefore a potent potential source of stress. High rates of disagreement exist, but are somewhat glossed over by the couples. These potential sources of disruption of a more subtle nature than economic hardship should be a key focus of postretirement programs, since the full impact of the process will not be felt until a year or two after retirement.

The overall implications of this study, simply expressed, are that preretirement education seems to work for people in general. Some people who may be particularly at risk can be identified, and require special help. This help should be available in programs spanning the retirement process, and in the direction of helping them cope with the pressing psychosocial system problem of finding a meaningful niche in a new period of life.

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